



Email & Scan or FAX or Mail-In Order Form

Dr. Morgan's Six Week Carpal Solution Protocol relieves worst symptoms in days. It consists of wearing the Carpal Solution every night for 2 weeks followed by every-other-night for 4 weeks.

You can order with a credit card, or debit card by phone or mail, which ships same day as received if order is received before noon or you can mail in your order with a money order or personal check. The product is shipped with a personal check when the check clears the bank. Thank you for your interest in the Carpal Solution Therapy.

6 Week Carpal Solution Therapy Pac (28 Disposable Devices)

Right Hand Quantity ____ US\$89.95 each (multiple quantity X \$89.95) Sub Total _____ line A
 Left Hand Quantity ____ US\$89.95 each (multiple quantity X \$89.95) Sub Total _____ line B

One Year Carpal Solution Preventative Therapy Pac (56 Disposable Devices)

Right Hand Quantity ____ US\$139.95 each (multiple quantity X \$139.95) Sub Total _____ line C
 Left Hand Quantity ____ US\$139.95 each (multiple quantity X \$139.95) Sub Total _____ line D

(Add lines A through D)

PRODUCT TOTAL US\$ _____ line E





Shipping & Handling 1st Class Mail (up to 12 days for **US\$ 16.95**) **Shipping Total \$ _____ line F**
 Or DHL Courier Service for Deliver in 3 - 5 days **US\$ 44.95**

(Add lines E and F) **TOTAL CHARGED TO CREDIT CARD US\$ _____ line G**

Billing Information (as appears on billing statement)

Ship To Information

check box if same

First Name			<input type="checkbox"/>
Middle Initial			
Last Name			
Street Address			
Apartment Number			
City and State			
Postal Code or Zip Code			
Country			
Phone			
Email address if available		< Order Tracking # and commercial receipt is sent by email if provided here	
Circle One - Credit or Debit Card Type	   		<div style="border: 1px solid black; padding: 5px;"> <p>*C V V Number – On Master Card, VISA or Discover cards it is the last three digits on the back of the card following your credit card number. On American Express it is the four digit number above the credit card number on the front of the card.</p> </div>
Card Number			
Expiration Date			
C V V Number*			

Billing Name with middle initial and address must be same as it appears on your credit card monthly billing statement

Amount to be Charged to my Credit or Debit Card in \$ _____ from Line G above

Card Holder Signature _____ Date _____

Make Money Order or Check Payable to First Hand Medical, and send with order form to:

First Hand Medical, 6337 S. Highland Dr., Suite 2051, Salt Lake City, UT 84121 USA

Toll Free: 1- 800-798-5210 Phone: 1-617-794-0503 - FAX: 1-617-812-0094 - email: relief@MyCarpalTunnel.com

Check out the most comprehensive information and videos on CTS available at: www.MyCarpalTunnel.com

