

Doctors Developed A Better Hand Therapy

The Carpal Solution

Call 1-800-798-5210



FAX, Scan and email, or Mail-In Order Form (FAX #: 1-617-812-0094)

The **Six Week Carpal Solution Protocol** relieves your worst symptoms in weeks and offers complete remission within the Six Week Protocol developed by the Doctor. It consists of wearing the Carpal Solution every night for 2 weeks followed by every-other-night for 4 weeks.

6 Week Carpal Solution Therapy Pac (28 Disposable Devices)

Billed In US\$

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 Wellness Therapy Pac (Economy Package) (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 \$ _____ line E


DHL Worldwide Express Shipping - \$49.95 with tracking arrives in 4 – 6 Business Days Guaranteed
Shipping Total Only US \$ _____ line F

(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		
Last Name		
Street Address		
Apartment Number		
City		
State / Providence		
Postal Code		
Country		
Phone		
Email address is available		Order tracking # and commercial receipt is sent by email if provided
Circle One - Credit or Debit Card Type	   	
Card Number		
Expiration Date		
C V V Number*		

***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.

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

Card Holder Signature _____ Date _____

Most people pay by credit card or debit card - If you would like to pay by **PayPal** there is a **\$7 surcharge** you must add to the total – then login to your PayPal account and send payment with the surcharge to relief@mycarpaltunnel.com
 Then send an email to relief@mycarpaltunnel.com with your shipping details and specify the product you would like to order.

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

First Hand Medical, 3434 East 7800 South, Suite 328, Salt Lake City, UT 84121 USA

Phone: 1-801-930-9294 or 1-617-794-0503 - **FAX: 1-617-812-0094** - email: relief@mycarpaltunnel.com

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

