

# The Carpal Solution™



## FAX or Mail-In Order Form (FAX #: 1-617-812-0094)

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.

### 6 Week Carpal Solution Therapy Pac (28 Disposable Devices)

Right Hand Quantity \_\_\_\_\_ \$84.95 each (multiple quantity X \$84.95) Sub Total \_\_\_\_\_ line A  
 Left Hand Quantity \_\_\_\_\_ \$84.95 each (multiple quantity X \$84.95) Sub Total \_\_\_\_\_ line B

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

Right Hand Quantity \_\_\_\_\_ \$134.95 each (multiple quantity X \$134.95) Sub Total \_\_\_\_\_ line C  
 Left Hand Quantity \_\_\_\_\_ \$134.95 each (multiple quantity X \$134.95) Sub Total \_\_\_\_\_ line D

(Add lines A through D) **PRODUCT TOTAL \$ \_\_\_\_\_ line E**

**Shipping & Handling** First Class Mail (allow up to 10 days) \$ 7.95 or  
 (Circle One) Priority Service 2 to 3 days \$12.95 **Shipping Total \$ \_\_\_\_\_ line F**

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

### Billing Information (as appears on billing statement)

### Ship To Information check box if same

|  |  |   |
|--|--|---|
| First Name                             |  |   |
| 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 |  |   |
| 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

\*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 \$ \_\_\_\_\_ 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, 3434 East 7800 South, Suite 328, Salt Lake City, UT 84121

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 on CTS available at: [www.MvCarpalTunnel.com](http://www.MvCarpalTunnel.com)

