

# The Carpal Solution™



Active Hands For Life

## FAX or Mail-In Order Form (FAX #: 001-617-812-0094)

We Ship to India Every Day. It Always Arrives provided you have confidence in your Local Delivery System and enter your address clearly and legibly on the FAX Form. We call, fax or email you if we have questions.

Dr. Morgan's Six Week Carpal Solution Protocol relieves your worst symptoms in days and provides complete remission of CTS in 6 Weeks. The Natural Stretching Protocol 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) in Indian Rupees  
 Right Hand Quantity \_\_\_\_\_ 3,926.15 INR each Sub Total INR \_\_\_\_\_ line A  
 Left Hand Quantity \_\_\_\_\_ 3,926.15 INR each Sub Total INR \_\_\_\_\_ line B

**One Year Carpal Solution Wellness Therapy Pac** (56 Disposable Devices) worn 1 night per week  
 Right Hand Quantity \_\_\_\_\_ 6,400.89 INR each Sub Total INR \_\_\_\_\_ line C  
 Left Hand Quantity \_\_\_\_\_ 6,400.89 INR each Sub Total INR \_\_\_\_\_ line D

(Add lines A through D) **INR = India Rupees** **PRODUCT TOTAL INR \_\_\_\_\_ line E**

**Global Priority Mail Service** Delivered to Your Home in India within 10 -14 days **INR 731.26 line F**

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

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

### Ship To Information check box if same

First Name			<input type="checkbox"/>
Last Name			
Street Address			
Apartment Number			
City			
County			
Postal Code			
Country			
Phone if available			
Email address if Available		Order shipment 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 **INR \_\_\_\_\_** from Line G above

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_



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: 001-617-794-0503 - FAX: 001-617-812-0094 - email: [relief@mycarpaltunnel.com](mailto:relief@mycarpaltunnel.com)

Check out the most comprehensive information on CTS available at: [www.MyCarpalTunnel.com](http://www.MyCarpalTunnel.com)