

# The Carpal Solution™



Active Hands For Life

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

We Ship to New Zealand Every Day. It Always Arrives Because New Zealand's Local Delivery System is So Reliable

Dr. Morgan's Six Week Carpal Solution Protocol relieves 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) in New Zealand Dollars

Right Hand Quantity \_\_\_\_\_ NZ\$133.36 each (multiple quantity X NZ\$133.36) Sub Total NZ\$\_\_\_\_\_ line A

Left Hand Quantity \_\_\_\_\_ NZ\$133.36 each (multiple quantity X NZ\$133.36) Sub Total NZ\$\_\_\_\_\_ line B

**One Year Carpal Solution Wellness Therapy Pac** (56 Disposable Devices)

Right Hand Quantity \_\_\_\_\_ NZ\$216.76 each (multiple quantity X NZ\$216.76) Sub Total NZ\$\_\_\_\_\_ line C

Left Hand Quantity \_\_\_\_\_ NZ\$216.76 each (multiple quantity X NZ\$216.76) Sub Total NZ\$\_\_\_\_\_ line D





(Add lines A through D)

**PRODUCT TOTAL NZ\$ \_\_\_\_\_ line E**

**Global Priority Mail Service** Delivered to Your Door Step in Australia within 10 days **NZ\$ 24.94** line F

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

**Billing Information** (as appears on credit card 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			
Email address is available		Order shipment and commercial receipt is sent by email if provided	
<b>Circle One</b> - Credit or Debit Card Type	   		
<b>Card Number</b>			
<b>Expiration Date</b>			
<b>C V V Number*</b>			

\*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 **NZ\$ \_\_\_\_\_** 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

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