



FAX or Scan and email or Mail-In Order

We Ship Throughout Europe every day **Duty Free** from the Netherlands with FEDEX Express Delivery Courier Service

Dr. Morgan's **Six Week Carpal Solution Protocol** relieves your worst symptoms in days and provides Complete Remission within Six Week Therapy Protocol. It consists of wearing the Carpal Solution every night for 2 weeks followed by every-other-night for 4 weeks. The prices are estimated and vary with the changing exchange rate. Please write legibly or Type





6 Week Carpal Solution Therapy Pac (28 Disposable Devices) in Euros (€)
 Right Hand Quantity _____ €82 each (multiple quantity X € 82) Sub Total € _____ line A
 Left Hand Quantity _____ €82 each (multiple quantity X € 82) Sub Total € _____ line B

One Year Carpal Solution Wellness Therapy Pac (56 Disposable Devices)
 Right Hand Quantity _____ €129 each (multiple quantity X € 129) Sub Total € _____ line C
 Left Hand Quantity _____ €129 each (multiple quantity X € 129) Sub Total € _____ line D
 (Add lines A through D) **PRODUCT TOTAL** € _____ **line E**

Shipping & Handling We Ship Throughout Europe Duty Free from our warehouse near Amsterdam, Netherlands
FEDEX – Express shipping with no Duty from Netherlands with Tracking (2 to 5 days) € € 14.00 **line F**

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

Billing Information (as appears on credit card billing statement) **Ship To Information** **check box if same**

First Name		
Last Name		
Street Address		
Apartment Number		
City		
County or Province		
Postal Code		
Country		
Phone		
Email address if available		Order shipment and commercial receipt is sent by email if provided
Circle One - Credit or Debit Card Type	   	
Card Number		<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>
Expiration Date		
C V V Number*		

Amount to be Charged to my Credit or Debit Card in € _____ 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 6€ 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: 00-1-801-930-9240 00-1-617-794-0503 - FAX: 00-1-617-812-0094 - email: relief@mycarpaltunnel.com
 Check out the most comprehensive information on CTS available at: www.MyCarpalTunnel.com