

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 G)

PRODUCT TOTAL \$ _____ line E

Shipping & Handling We Ship worldwide (8 to 14 days depending on your local delivery service) **\$29.95** for Global Priority or **\$49.95** for Global Express (5 to 8 days) or **\$89.95** for 2 - 1 Year Pacs shipped Global Express (5 - 8 days) with tracking

Shipping Total Only US \$ _____ line F

(Add lines H and I)

TOTAL CHARGED TO CREDIT CARD US \$ _____ 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			
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		<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>	
Expiration Date			
C V V Number*			

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