



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

Botanical Pain Reliever Eight Week Kit - All Natural Treatment Kit for symptoms of Trigger Finger, DeQuervain's Syndrome, Arthritis, and persistent Carpal Tunnel Symptoms due to joint inflammation such as arthritis, repetitive stress injuries, etc. **Worn during sleep**, this method of treatment allows the natural anti-inflammatory agents to penetrate deep into the joints during sleep. No preservatives, no petroleum based additives as contained in most creams, just pure natural anti-inflammatory agents derived directly from plants. We can help you control your symptoms naturally.

Right & Left Hand Kit Quantity _____ \$49.95 each (multiple quantity X \$49.95) Sub Total _____ line **A**

(Add lines A through D)

PRODUCT TOTAL \$ _____ line B





Shipping & Handling

(Circle One) USA Priority Service 3 days \$ 13.95 **Shipping Total \$ 13.95 line C**

(Add lines B and C) **TOTAL CHARGED TO CREDIT CARD \$ _____ line D**

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 **F** 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: 1-617-899-6814 - FAX: 1-617-812-0094 - email: relief@MyCarpalTunnel.com



Check it out in more detail at: www.HandHealthInfo.net or www.MyCarpalTunnel.com