



Arnica Oil



Calendula Oil
Soft Tissue
Healing



**Capsaicin
Pepper**



**Rincinus
Communis Oil**



**Virgin
Olive Oil**

Order Form for The Botanical Pain Reliever Kit

Developed by Doctors for Proven, Safe, Topical Pain Relief

Botanical Pain Reliever 8 Week **Hand Kit** - All Natural Treatment

for symptoms of Trigger Finger, DeQuervain's Syndrome, Arthritis, and persistent Carpal Tunnel Symptoms due to metabolic inflammation such as arthritis Tenosynovitis, Flexor Tendonitis. The gloves keep the treatment where it is targeted for hours and prevents mess on clothing, bed sheets, carpet, furniture. You can add the Foot Kit or Wrap Kit for an additional \$10 each to any BPR kit.

Right & Left Hand Kit - Quantity _____ US\$49.95 each Sub Total _____ line A

Botanical Pain Reliever 8 Week **Foot Kit** - All Natural Pain Relief

for symptoms of chronic pain with Plantar Fasciitis, Tarsal Tunnel Syndrome, or other Foot Pain and Symptoms due to inflammation such as arthritis or diabetic neuropathy, etc. You can add the Foot Kit to Any Other BPR Kit for an extra \$10.00

Right & Left Foot Kit - Quantity ____ US\$49.95 each -Shoe Size____ **F** or **M** Sub Total _____ line B
Specify one size up from your normal shoe size . Please circle one F for Female or M for Male 4 – plastic booties

Botanical Pain Reliever 8 Week **Shrink Warp Kit** – For Arms and Legs

for symptoms of chronic pain in the joints and muscles of the arms and legs. The wrap keeps the treatment where it is targeted to be & prevents mess on clothes, bed sheets, furniture, carpet. You can add the Wrap Kit for \$10 to any other BPR kit.

Shrink Wrap Kit - Quantity _____ US\$49.95 each Sub Total _____ line C

(Add lines A through C)

PRODUCT TOTAL \$ _____ line D

Shipping & Handling USPS Priority Shipping US\$ 13.95 in USA

Shipping Total \$ 13.95 line E

(Add lines D and E)

TOTAL CHARGED TO CREDIT CARD

\$ _____ line F

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. On American Express it is the four digit number above the credit card number on the front of the card.

Oral Pain Meds are a Dangerous Way to Treat Chronic Pain

FAX: 1-617-812-0094 or Scan & email: relief@mycarpaltunnel.com or Mail-In Order Form

Amount to be Charged to my Credit or Debit Card in \$ _____ from Line F above

Card Holder Signature _____ Date _____

or 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 out the most comprehensive information on CTS available at: www.MyCarpalTunnel.com

