



Email & Scan or FAX or Mail-In Order Form

**97%
Success
Rate**

The Doctors' Six Week Carpal Solution Protocol relieves your worst symptoms in weeks & provides complete remission in 6 weeks. **CTS stays in remission for 2 – 7 years for most.** You wear the Carpal Solution every night for 2 weeks followed by every-other-night for 4 weeks.

You can order with a credit card, or debit card or HSA card, by phone, mail, post, Fax, email or on our website. You can also pay by PayPal or Venmo. We ship same day if order is received before noon. You can mail in your order with a money order or personal check. Product is shipped with a personal check when the check clears the bank.

6 Week Carpal Solution Therapy Pac (28 Disposable Devices) Just feel in the blanks below that apply:

Right Hand Quantity _____ \$89.95 each (multiple quantity X \$89.95) Sub Total \$ _____ line A

Left Hand Quantity _____ \$89.95 each (multiple quantity X \$89.95) Sub Total \$ _____ line B

One Year Carpal Solution Preventative Therapy Pac (56 Disposable Devices)

Right Hand Quantity _____ \$139.95 each (multiple quantity X \$139.95) Sub Total \$ _____ line C

Left Hand Quantity _____ \$139.95 each (multiple quantity X \$139.95) Sub Total \$ _____ line D

(Add lines A through D)

PRODUCT TOTAL \$ _____ line E





Shipping & Handling First Class Mail (allow up to 8 days) \$ 7.95 or

(Circle One) Priority Service 2 to 3 days \$13.95 **Shipping Total** \$ _____ line F

(Add lines E and F) **ENTER TOTAL TO BE CHARGED TO CREDIT CARD** \$ _____ line G

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.

Thank You!

***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. American Express it is the four digit number above the credit card number on the front of the card. Thank You!

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

Card Holder Signature _____ Date _____

Make Money Order or Check Payable to First Hand Medical, and send with order form to:

First Hand Medical, 1944 East Rua Branco Drive, Suite 233, Sandy, UT 84093

Toll Free: 1- 800-798-5210 Phone: 1-617-794-0503 - FAX: 1-617-812-0094 - email: relief@MyCarpalTunnel.com

Check out the most comprehensive information and videos on CTS available at: www.MyCarpalTunnel.com

