



Order Form

The Carpal Solution Treatment Kit



Email or Fax Completed Form to First Hand Medical at:
Email: relief@mycarpaltunnel.com **Fax:** (1) 617-812-0094

6 Week - Carpal Solution Treatment Kits (28 Disposable Stretching Devices)			
Right Hand Kit	Quantity _____	\$99.95 Each	Sub Total _____ (Line A)
Left Hand Kit	Quantity _____	\$99.95 Each	Sub Total _____ (Line B)

1 Year - Carpal Solution Treatment Kits (56 Disposable Stretching Devices)			
Right Hand Kit	Quantity _____	\$159.95 Each	Sub Total _____ (Line C)
Left Hand Kit	Quantity _____	\$159.95 Each	Sub Total _____ (Line D)

(Add Lines A-D) Product Total US \$ _____
(Line E)

Shipping and Handling Options: (Check only One box)			
<input type="checkbox"/>	USPS Ground Advantage- USA	USPS Ground Advantage	\$6.95
<input type="checkbox"/>	USPS Priority Mail- USA	2-3 Day Delivery USPS	\$14.95
<input type="checkbox"/>	2 Day Delivery - USA	2 Day Delivery UPS	\$26.95
<input type="checkbox"/>	Next Day Air- USA	Next Day by 7pm UPS	\$45.95
<input type="checkbox"/>	Canada	Canada Post	\$22.95
<input type="checkbox"/>	UK and Europe	Fedex Ground	\$15.95
<input type="checkbox"/>	Thailand Parcel Post	Parcel Post	\$44.96
<input type="checkbox"/>	Global- Australia, Japan, Middel East, Africa, Etc.)	DHL Courier	\$69.95




Shipping Total US \$ _____
(Line F)

Total Charged to Credit Card US \$ _____
(Add Lines (E & F))

First Hand Medical, 4172 S 650 East Suite 233 , Millcreek, UT 84107 USA Ph. 800-798-5210

FAX: 617-812-0094 - Email: relief@mycarpaltunnel.com - website: www.MyCarpalTunnel.com

Billing Information		Shipping Information
		Check Box if Same as Billing <input type="checkbox"/>
First Name		
Last Name		
Street Address		
Apt. Number		
City		
State		
Zip Code or Postal Code		
Country		
Phone Number		
Email Address		

Payment Information	
Name on Credit Card	
Circle one- Credit Card Type	  
Card Number	
Expiration Date	
CVV Number	

Amount to be Charged to my Credit Card in US \$ _____

Card Holder Signature _____ **Date** _____

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