Email & Scan or FAX or Mail-In Order Form

Dr. Morgan's Six Week Carpal Solution Protocol relieves worst symptoms in days. It consists of wearing the Carpal Solution every night for 3 weeks followed by every-other-night for 4 weeks.

You can order with a credit card, or debit card by phone or mail, which ships same day as received if order is received before noon or you can mail in your order with a money order or personal check. The product is shipped with a personal check when the check clears the bank. Thank you for your interest in the Carpal Solution Therapy.

6 Week Carpal Solution Therapy Pac (2 Disposable Devices)

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) **TOTAL 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	VISA MasterCard American Express Discover	
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 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, 3434 East 7800 South, Suite 326, Salt Lake City, UT 84121

Toll Free: 1- 800-798-5210 Phone: 1-817-764-6563 - FAX: 1-817-812-6084 - email: relief@MyCarpalTunnel.com

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