



FUTURE

MOBILITY HEALTHCARE
DIVISION OF ABF MFG GROUP INC.
WWW.FUTUREMOBILITY.CA



TEL: 905-671-1661
FAX: 905-671-3377

<u>Account Information</u>		Order Date: _____	
Account #: _____		P.O.# _____	
Business Name: _____		Phone: _____	
Ship to Address: _____		City: _____	
Fax: _____		Province: _____	
Contact: _____			

Prism Supreme II Plus Cushion

Model #	Description	List \$	QTY
COVER MATERIAL			
<input type="checkbox"/>	WSC 4-Way Stretch Cover		
<input type="checkbox"/>	ICC Infection Control Cover		
<input type="checkbox"/>	NSC Non Slip Cover	\$40	

(Stock Sizes - Shipments within 3 to 5 Business Days) ADP CODE: SESFM0070

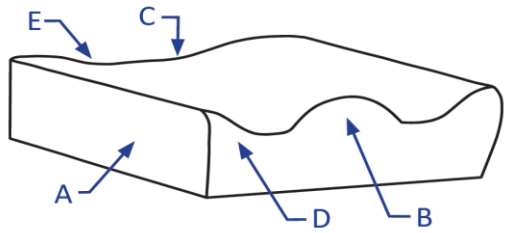
<input type="checkbox"/>	SCP1414	14"wide x 14"deep.....	\$575
<input type="checkbox"/>	SCP1416	14"wide x 16"deep.....	\$575
<input type="checkbox"/>	SCP1616	16"wide x 16"deep.....	\$575
<input type="checkbox"/>	SCP1618	16"wide x 18"deep.....	\$575
<input type="checkbox"/>	SCP1816	18"wide x 16"deep.....	\$575
<input type="checkbox"/>	SCP1818	18"wide x 18"deep.....	\$575
<input type="checkbox"/>	SCP1820	18"wide x 20"deep.....	\$575

(Non-Stock Sizes - Shipments within 3 to 7 Business Days) ADP CODE: SESFM0075

<input type="checkbox"/>	SCP1516	15"wide x 16"deep.....	\$600
<input type="checkbox"/>	SCP1518	15"wide x 18"deep.....	\$600
<input type="checkbox"/>	SCP1620	16"wide x 20"deep.....	\$600
<input type="checkbox"/>	SCP1716	17"wide x 16"deep.....	\$600
<input type="checkbox"/>	SCP1718	17"wide x 18"deep.....	\$600
<input type="checkbox"/>	SCP1720	17"wide x 20" deep.....	\$600
<input type="checkbox"/>	SCP1916	19"wide x 16"deep.....	\$600
<input type="checkbox"/>	SCP1918	19"wide x 18"deep.....	\$600
<input type="checkbox"/>	SCP1920	19"wide x 20"deep.....	\$600
<input type="checkbox"/>	SCP2016	20"wide x 16"deep.....	\$600
<input type="checkbox"/>	SCP2018	20"wide x 18"deep.....	\$600
<input type="checkbox"/>	SCP2020	20"wide x 20"deep.....	\$600

(Custom Sizes - Shipments within 3 to 10 Business Days) ADP CODE: SESFM0080

<input type="checkbox"/>	SCPCUS	Custom Size.....	\$685
		width _____ (min14", max 24")	
		depth _____	



CUSHION THICKNESS
A- Height at adductor = 5"
B- Height at abductor = 5"
C- Height at rear IT = 3 1/4"
D- Leg Trough = 3 1/4"
E- Height at rear trochanter = 4 1/4"