



FUTURE

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



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

Account Information

Order Date: _____

Account #: _____

P.O.#: _____

Business Name: _____

Phone: _____

Ship to Address: _____

City: _____

Fax: _____

Province: _____

Contact: _____

Postal Code: _____

Model #	Description	List \$	QTY
Serene Paramount Cushion Cover			
(Stock Sizes - Shipments within 3 to 5 Business Days)		ADP Code:	
<input type="checkbox"/> PA1616	16"wide x 16"deep.....	\$115	_____
<input type="checkbox"/> PA1618	16"wide x 18"deep.....	\$115	_____
<input type="checkbox"/> PA1816	18"wide x 16"deep.....	\$115	_____
<input type="checkbox"/> PA1818	18"wide x 18"deep.....	\$115	_____
<input type="checkbox"/> PA2016	20"wide x 16"deep.....	\$115	_____
<input type="checkbox"/> PA2018	20"wide x 18"deep.....	\$115	_____
(Non-Stock Sizes - Shipments within 3 to 7 Business Days)		ADP Code:	
<input type="checkbox"/> PA1620	16"wide x 20"deep.....	\$130	_____
<input type="checkbox"/> PA1820	18"wide x 20"deep.....	\$130	_____
<input type="checkbox"/> PA2020	20"wide x 20"deep.....	\$130	_____



COVERS ORDER FORM

CUSHION THICKNESS

A—Height at adductor = 3-1/2"

B—Height at abductor = 3-1/2"

C—Height at rear IT = 2-1/2"

D—Leg trough = 2-3/4"

F—Rear Trochanter = 2-3/4"

