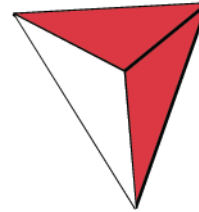




FUTURE
MOBILITY HEALTHCARE INC.



PRISM

USER MANUAL



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1 CONTACT INFORMATION

FUTURE MOBILITY HEALTHCARE INC. APPRECIATES YOUR FEEDBACK

Supplier: Please give this manual to the user of the wheelchair.

User: Please read this entire manual before using this wheelchair.

Thank you for choosing Future Mobility Healthcare Inc.

If you have any questions please do not hesitate to write or call us at the address and telephone number below:

Future Mobility Healthcare Inc.

Customer Service Canada

6750 Professional Court

Mississauga ON L4V 1X6

Phone: (888) 737-4011 or (905) 671-1661

Fax: (905) 671-3377

e-mail: orderdesk@futuremobility.ca

www.futuremobility.ca

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2 NOTICE – READ BEFORE USE

CHOOSE THE CORRECT CHAIR AND OPTIONS

Future Mobility Healthcare Inc. provides a choice of many wheelchair styles to meet the requirements of the wheelchair user. However, the final selection of the wheelchair and its options rests solely with you and your health care advisor. Choosing the best chair will depend on such things as:

1. The level of your disability, strength, balance and coordination.
2. The places and terrain that you are likely to use your chair.
3. The need for options for your safety and comfort (such as anti-tip tubes, positioning belts, or special seating systems).

REVIEW THIS MANUAL OFTEN

Before using this chair you, and each person who may assist you, should read this entire manual and make sure to follow all instructions. Review the warnings often.

WARNING

The term “**WARNING**” are hazards or unsafe practices that may cause **severe injury or death** to you or to other persons.

3 General



NOTICE: Information contained within this document is subject to change without notice.

! WARNING: DO NOT install this equipment without first reading and understanding this instruction booklet. If you are unable to understand these instructions, contact a healthcare professional, dealer or technical personnel before attempting to install this equipment - otherwise, injury or damage may occur.

NOTE: Check all parts for shipping damages before using. In case of damage, **DO NOT** use the equipment. Contact the Equipment Supplier for further instructions.

IMPORTANT: The Prism Supreme Gel Cushion is a high-pressure relief cushion but NOT designed for use in the treatment of pressure sores, or for those individuals at risk of developing pressure sores. Your Therapist and/or Physician should be notified if you have any questions regarding pressure relief etc.

ATTACHING THE PRISM SUPREME GEL CUSHION TO SEATING SURFACE

The Prism Supreme gel Cushion attaches to the wheelchair-seating surface through the use of hook loop fastening straps.

1. If the wheelchair has loop attachment strips, verify that the double-sided hook strips are securely attached to the loop attachment strips on the bottom of the cushion.

2. Align the front edge of the cushion with the front edge of the seating surface. NOTE: The zipper is located on the rear of the cushion.
3. Secure the cushion on the seating surface; making sure that the hook is securely attached to the strips of loop on the cushion cover and the chair.
4. If the wheelchair has hook attachment strips, remove the double-sided hook strips from the cushion.
5. Continue with Steps 2 & 3.
6. To ensure proper pressure relief, verify that the user's IT's are situated in the visco pressure relief foam area

4 MAINTENANCE

Cleaning Instructions

Foam

DO NOT immerse the Prism Supreme Gel Cushion in water, instead, it should be wiped down with a slightly dampened cloth. If the foam becomes contaminated due to incontinence, it SHOULD be replaced.

Cover

Carefully remove cushion cover and keep gel pad edges away from the inner cover to avoid damage to the gel pad.

USE mild detergent and machine-wash cold using gentle cycle. DO NOT USE fabric softeners or bleach. Low tumble dry or air dry ONLY.

The cover is designed to protect the foam against a user's incontinence and to provide fire retardancy, so the Prism Supreme Gel Cushion must not be used without its cover. If the cover is torn, it must be replaced.

NOTE: Check that the cushion covers have the zipper at the rear bottom edge when reinstalling.

Gel

Use mild soap and warm water to clean the gel padding of the cushion. Finally rinse the pad with warm water and dry with a cloth. Ensure that the foam of the cushion does not get damp with water which may cause contamination.

5 Warranty

This warranty is extended only to the original purchaser/user of our products.

Future Mobility Healthcare Inc. warrants this seating product to be free from defects in materials and workmanship for two (2) years on cushions and 90 days on covers upon normal usage by original purchaser. If within this warranty period the product shall be proven to be defective, such product shall be repaired or replaced, at Future Mobility Healthcare Inc. discretion. Future Mobility Healthcare Inc. sole obligation and your exclusive remedy under this warranty shall be limited to the repair and/or replacement of the product or its parts. This warranty does not include any labor or shipping charges incurred in replacement part installation or repair of any product.

For warranty service, please contact the dealer from whom you purchased your Future Healthcare Inc. product. In the event you do not receive satisfactory warranty service, please write directly to Future Mobility Healthcare Inc. at 3223 Orlando Drive, Mississauga, Ontario, L4V 1C5. Provide the dealer's name, address, model number, date of purchase and indicate the nature of the defect.

DO NOT return products to Future Mobility Healthcare Inc. our prior consent. The defective unit or parts must be returned for warranty inspection within 910 REV03 REV DATE:12/13/2018

thirty (30) days of the return authorization date. (Future Mobility Healthcare Inc. will issue a return authorization number) . Please prepay all shipping charges; C.O.D. shipments will be refused.

LIMITATIONS and EXCLUSIONS

This warranty shall not apply to problems arising from normal wear or failure to adhere to the enclosed instructions. Products subjected to negligence, accident, improper usage, maintenance or storage; or products modified without Future Mobility Healthcare Inc. written consent including, but not limited to: modification through the use of any unauthorized parts or attachments; products damaged by reason or repairs made to any component without the specific consent of Future Mobility Healthcare Inc., or products repaired by anyone other than a Future Mobility Healthcare Inc. dealer. Such evaluation shall be determined by Future Mobility Healthcare Inc.

WARRANTY PROCEDURES

1. If within this warranty period the product shall be proven to be defective, such product shall be repaired or replaced, at FMHI discretion.
2. FMHI's sole obligation and your exclusive remedy under this warranty shall be limited to the repair and/or replacement of the product or its parts.
3. This warranty does not include any labor or shipping charges incurred in replacement part installation or repair of any product.
4. For warranty service, please contact the dealer from whom you purchased your FMHI product. In the event you do not receive satisfactory warranty service, please write directly to FMHI.
5. DO NOT return products to FMHI without our prior consent. The defective unit or parts must be returned for warranty inspection within thirty (30) days of the return authorization date. (FMHI will issue a return authorization number). Please prepay all shipping charges; C.O.D. shipments will be refused.

The foregoing warranty is exclusive and in lieu of all other expressed warranties. It shall not extend beyond the duration of the expressed warranty provided herein and the remedy for violations of any implied warranty shall be limited to repair or replacement of the defective product pursuant to the terms contained herein. FMHI shall not be liable for any consequential or incidental damages whatsoever

----- Cut below this line #

Warranty Registration Form

To validate your Future Mobility HealthCare warranty, please complete the below form and return it the address at the end of this form. Visit online at www.futuremobility.ca for more Future Mobility Products.

Name: _____
Street Address: _____
City/Country/Postal Code: _____
Telephone: _____
Purchased Date: _____
Purchased From (Dealer Name & Address): _____
Product Purchased: _____
Serial Number: _____

Print and Mail It to:
Future Mobility Healthcare Products
6750 Professional Court
Mississauga, Ontario, L4V 1X6
Fax: 905-671-3377

CANADA

Future Mobility Healthcare Inc.

6750 Professional Court

Mississauga, ON L4V 1X6

Ph: 905 671-1661 – Toll Free: 1 888 737-4011

Fax: 905 671-3377

Toll Free Fax: 1-866-670-3377

e-mail:customerservice@futureamobility.ca

www.futureamobility.ca



FUTURE MOBILITY

INNOVATIVE SEATING AND HOME MOBILITY SOLUTIONS

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FUTURE MOBILITY

PRODUCTS