



FUTURE
MOBILITY HEALTHCARE INC.



Supreme Cushion with Drop Base

REV01 REV DATE: 09/04/2014

USER MANUAL

Supreme Cushion with Adjustable Drop Base
Installation and Operating Instructions

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.

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.

NOTICE

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

Introduction

The Adjustable Drop Base is designed to provide a stable base of support for the individual who uses a seat cushion in the wheelchair. Using the Drop Base on certain wheelchairs may allow the seat cushion to be lowered up to two inches.

The Adjustable Drop Base lowers seat cushion height for improved fit under tables or desks and improves foot propulsion. The Drop Base is adjustable in **width** in 1/2" increments up to a maximum of 2" adjustment. The Adjustable Drop Base was manufactured with universal cross brace cutouts which allow the Drop Base to fit most wheelchairs. The Drop Base is also adjustable in **height** in 1/2" increments up to a maximum of 2" adjustment.

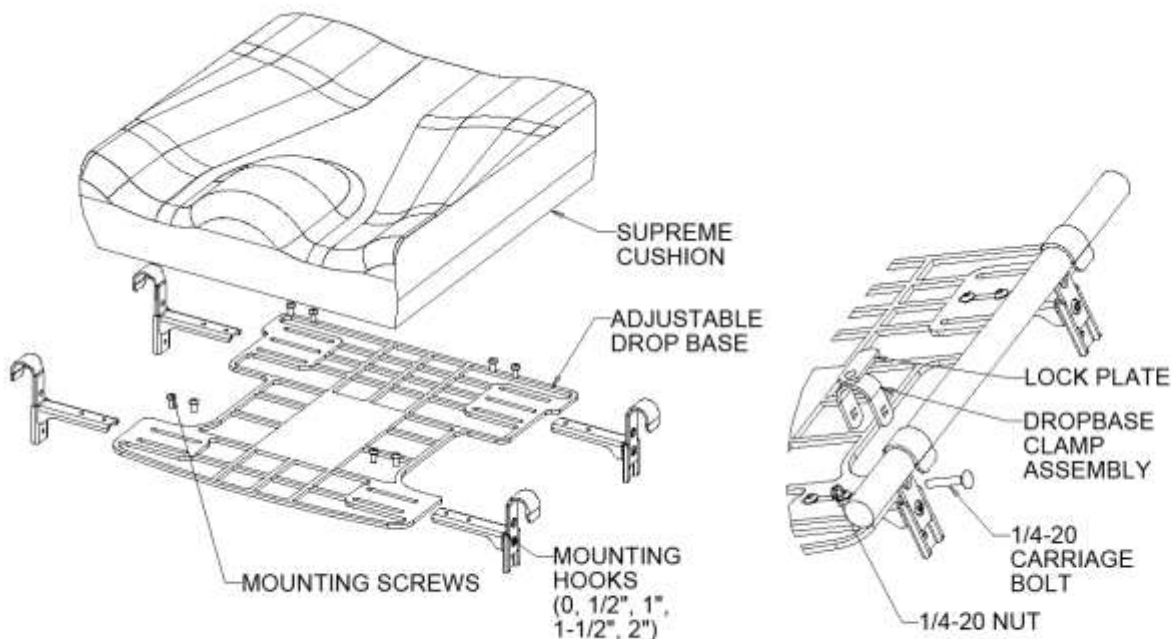


Fig.1 (cover not shown)

Fig.3

Installing Supreme Cushion with Adjustable Drop Base (Fig.1 & 2)

1. Adjust the 4 mount hooks to the desired height as shown in Figure 2. Fasten hook outer weldment and hook bracket weldment using socket button head screw 1/4-20 x 1/2"
2. Loosen, but do not remove the mounting screws that secure the mounting hooks to the drop base.
3. Place the Drop Base on the wheelchair in the following position:
 - A. Crossbrace cut-outs of the drop base approximately centered between the crossbraces.
 - B. The leg cutouts towards the front of the wheelchair.
 - C. The mounting hooks sitting flush with the crossbraces of the wheelchair.
4. Without moving seat and mounting hardware tightens all mounting screws securely.

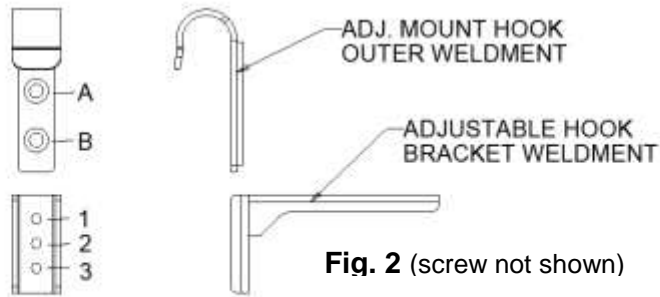


Fig. 2 (screw not shown)

HEIGHT DROP	HOOK OUTER	HOOK BRKT
2"	B	1
1.5"	B	2
1.0"	A	1
.5"	A	2
0" (flush)	A	3

- The optional Drop Base clamp assemblies (4 total) should be placed on the crossbrace tubing as shown in Figure 3 – either on the inside between the mounting hooks or on the outside towards the edges of the crossbrace tubing at all 4 corners. In all cases the Drop Base clamp assemblies have a lock plate which must be turned in order to cover the top part of the mounting hooks. The Drop Base clamp assemblies have to be fastened with a 1/4-20 x 1-1/2" carriage bolt and 1/4-20 nut. Once in place the Drop Base clamp assemblies should prevent the drop base from lifting off the side tubing.

Installation warnings

Make sure the drop base is approximately centered on the wheelchair.
 Make sure the mounting hooks sit flush with the cross braces of the chair
 Always test to see that the drop base is properly and securely locked in place before using
 Make certain all hardware is tight at all times

Drop Base Inspection

- Once a week, visually inspect all parts for deformation, corrosion, breakage, wear and/or compression.
- Do not continue to use this product if any problems are discovered. Corrective maintenance can be performed at or arranged through your equipment supplier

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 labour 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 Mobility 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 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..

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. Future Mobility Healthcare Inc. shall not be liable for any consequential or incidental damages whatsoever. This warranty shall be extended to comply with all provincial laws and requirements.

CANADA

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MOBILITY PRODUCTS

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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 and Address): _____
Product Purchased: _____
Serial Number: _____

Print and Mail it to:
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