

REAL 9000 PLUS ADULT



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Order form - your support for assessment, quotation and order

Use *Adobe Acrobat Reader* to complete this form digitally. Download the program [here](#).

Quotation Order Number of chairs _____

YOUR CONTACT INFORMATION

Name _____ Email _____ Phone _____

1 MODEL

Model	Electrical controls	Color of seat, backrest and other upholstery (except armrests):					
<input type="checkbox"/> Adult manual	<input type="checkbox"/> Mounted ¹	Plush		Artificial leather		Hygiene	
<input type="checkbox"/> Adult electrical 24V	<input type="checkbox"/> Remote control with cord	<input type="checkbox"/> Grey	<input type="checkbox"/> REAL-blue	<input type="checkbox"/> Red	<input type="checkbox"/> Black	<input type="checkbox"/> Grey	
<input type="checkbox"/> Adult coxist manual		<input type="checkbox"/> Marine	<input type="checkbox"/> Black	<input type="checkbox"/> Grey	<input type="checkbox"/> Blue		
<input type="checkbox"/> Adult coxist electrical 24V		<input type="checkbox"/> Bordeaux	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown		<input type="checkbox"/> Patterned <input type="checkbox"/> Blue	

¹ For position of mounted controls see section "Controls position" in section 2, 3 and 5

2 SEAT

SEAT UPHOLSTERY

Width x depth, in cm	40x39	40x43	40x48	44x43	44x48	44x53 ²	48x48	48x53 ²
ErgoMedic (EM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM SlowRecovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS SlowRecovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM wooden seat plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM wooden seat plate with Anti-slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

² Not offered for Coxist

SEAT TILT seat and backrest are tilted together ³

Fixed interval	Allangle (= configurable)	Seat angle control	Control position	Armrest follow tilt ⁵
<input type="checkbox"/> No tilt	<input type="checkbox"/> 15° fw, 8° bw	<input type="checkbox"/> Lever under seat	<input type="checkbox"/> Under seat back	<input type="checkbox"/> Yes
<input type="checkbox"/> 15° fw, 8° bw	<input type="checkbox"/> 8° fw, 15° bw	<input type="checkbox"/> Gas spring	<input type="checkbox"/> Armrest right front	<input type="checkbox"/> No
<input type="checkbox"/> 15° fw, 15° bw	<input type="checkbox"/> 0° fw, 23° bw ⁴	<input type="checkbox"/> Electrical	<input type="checkbox"/> Armrest left front	
			<input type="checkbox"/> Armrest right back	
			<input type="checkbox"/> Armrest left back	
			<input type="checkbox"/> Backside of backrest	

³ See section 7

⁴ Requires rear base extenders

⁵ Only for seat tilt "Allangle" and "15° fw, 15° bw"

3 BACKREST

BACKREST UPHOLSTERY

Width x height, in cm	Low				High				
	33x26	35x20	38x26	40x20	33x36	35x43	40x34	42x43	46x43
ErgoMedic (EM)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM SlowRecovery	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
EM Support						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS SlowRecovery		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS side wedge						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS Comfort (= lower back support)						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

(more backrests on next page)

REAL 9000 PLUS Adult

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BACKREST UPHOLSTERY (CONTINUATION)	Low				High				
Width x height, in cm	33x26	35x20	38x26	40x20	33x36	35x43	40x34	42x43	46x43
EM PLUS side wedge Comfort						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS reinforced side wedge						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS reinforced side wedge Comfort						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS no scapula support ⁶								<input type="checkbox"/>	<input type="checkbox"/>
EM PLUS no scapula support, with side wedge ⁶								<input type="checkbox"/>	<input type="checkbox"/>
	39x30	45x30			39x40	45x40			
Slingback (backrest with adjustable straps)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			

⁶ Only available in grey plush

BACKREST MECHANISM

Model

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Comfort |
| <input type="checkbox"/> Medic | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Double Medic | <input type="checkbox"/> Slingback |
- (Allangle required)

Control position ⁷

- | | |
|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Armrest right front | <input type="checkbox"/> Armrest right back |
| <input type="checkbox"/> Armrest left front | <input type="checkbox"/> Armrest left back |
| <input type="checkbox"/> Backside of backrest | |

⁷ Only for Comfort and electrical backrest mechanism

4 ARMREST

ARMREST PLATE black molded / artificial leather

ARMREST MECHANISM

Length in cm	25	30	35	40	42	45	Model
ErgoMedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> PLUS (non foldable)
Extra Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Foldable backwards
Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ErgoMedic PLUS		L <input type="checkbox"/> R			L <input type="checkbox"/> R		
Hemiplegia						L <input type="checkbox"/> R	

5 BASE

ACTUATOR FOR SEAT HEIGHT

Seat height adjustment, in cm (manual / electrical) ⁸	Control position	User weight
<input type="checkbox"/> Extra low (- / 33-48) ⁹	<input type="checkbox"/> Under seat front ¹⁰	Manual chair model
<input type="checkbox"/> Low (32-46 / 36-56)	<input type="checkbox"/> Armrest right front	<input type="checkbox"/> < 55 kg
<input type="checkbox"/> High (40-60 / 43-71)	<input type="checkbox"/> Armrest left front	<input type="checkbox"/> 55-90 kg
	<input type="checkbox"/> Armrest right back	<input type="checkbox"/> 90-140 kg ¹¹
	<input type="checkbox"/> Armrest left back	Electrical chair model
	<input type="checkbox"/> Backside of backrest	<input type="checkbox"/> 0-150 kg ¹¹

⁸ Seat height measured between floor and bottom of seat (without seat tilt)

⁹ Only without seat tilt

¹⁰ Not for "15° fw, 15° bw" seat tilt or electrically adjustable chairs

¹¹ For user weight exceeding 140/150 kg, see order form for REAL 9200 TWIN

BASE Width x depth, in cm

Model (48 x 53)	Brake type	Wheels (in mm)
<input type="checkbox"/> Forward brake ¹²	<input type="checkbox"/> Brake lever 35 cm	<input type="checkbox"/> 100 XL
<input type="checkbox"/> Backward brake ¹²	<input type="checkbox"/> Brake lever 45 cm	<input type="checkbox"/> 100 BXL
<input type="checkbox"/> 4-point-backward brake	<input type="checkbox"/> Brake lever 55 cm	<input type="checkbox"/> 100 SL
	<input type="checkbox"/> Brake lever w loop	<input type="checkbox"/> 125
	<input type="checkbox"/> Foot brake (choose backward brake)	<input type="checkbox"/> 150
	<input type="checkbox"/> Electrical brake	

¹² Choose model "forward brake" for brake type "levers" and model "backward brake" for "foot brake".

6 OPTIONAL AND ALTERNATIVE EQUIPMENT

LEGREST Adjustable interval, in cm

Foot ring foldable	Legrest Medic	Legrest split Medic	Legrest center mounted	Adapter for Cross legrest
<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/8 right <input type="checkbox"/> 1/8 left	<input type="checkbox"/> M 23-32 <input type="checkbox"/> L 28-41 <input type="checkbox"/> XL 38-50	<input type="checkbox"/> M 23-32 <input type="checkbox"/> L 28-41 <input type="checkbox"/> XL 38-50	<input type="checkbox"/> 30-38 (W29xD24) <input type="checkbox"/> 37-53 (W29xD24) <input type="checkbox"/> 30-38 Mini (W25xD18) <input type="checkbox"/> 37-53 Mini (W25xD18) <input type="checkbox"/> 30-38 Slim (W32xD10) <input type="checkbox"/> 37-53 Slim (W32xD10)	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Including Cross legrest

EXTRA SUPPORT Width x height, in cm

Trunk support ¹³	Side support	Hip belt (length)	Attachment for belt/harness
<input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Curved and adjustable	<input type="checkbox"/> 28x8 <input type="checkbox"/> 24x14 <input type="checkbox"/> 30x16	<input type="checkbox"/> M 63-83 <input type="checkbox"/> L 83-103	<input type="checkbox"/> Attachment hip belt ¹⁴ <input type="checkbox"/> Attachment 4-point harness <input type="checkbox"/> Attachment H-harness

Neckrest ¹³	Neckrest mechanism ¹³	Knee stop	Calf support	Leg abductor (width)
<input type="checkbox"/> Flat 29x16 <input type="checkbox"/> Concave 31x18 <input type="checkbox"/> ErgoMedic PLUS 30x23 <input type="checkbox"/> ErgoMedic PLUS 30x8	<input type="checkbox"/> Height adjustable <input type="checkbox"/> Height and sideways adjustable	<input type="checkbox"/> 15x8	<input type="checkbox"/> 15x13	<input type="checkbox"/> 11

¹³ Only for high backrest

¹⁴ Not needed if the selected option for seat tilt is "Allangle"

COVER	PUSH HANDLE	TABLE/TRAY	BASE EXTENDERS
<input type="checkbox"/> Backrest, plush <input type="checkbox"/> Seat, plush <input type="checkbox"/> Backrest, water resistant <input type="checkbox"/> Seat, water resistant	<input type="checkbox"/> Push handles Optimal	<input type="checkbox"/> Table 37x45 cm foldable <input type="checkbox"/> Table 60x45 cm foldable <input type="checkbox"/> Tray 45x30 cm	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Front and rear

7 PRESCRIPTION RECOMMENDATIONS

The backrest mechanism Double Medic should be prescribed when:

- ... there is a risk for involuntary movements which may cause great stress on the backrest mechanism over a long period of time.
- ... the user is over 200 cm long and has a backward tilted pelvis, in combination with a seat unit that can tilt more than 8° backward, and neck support.
- ... the seat unit can be tilted more than 15° backward and the user weighs more than 100 kg.
- ... the reinforced seat frame Allangle +15°/-23° is selected due to high loads.
- ... a user with spasms or repeated rocking movements is going to use the chair.
- ... backrest upholstery wider than 46 cm is mounted on the chair in combination with 15° tilt backward.

COMMENTS