

## 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 \_\_\_\_\_

### DINA KONTAKTUPPGIFTER

Name	Email	Phone
_____	_____	_____

## 1 MODEL

Modell	Color of seat, backrest and other upholstery (except armrests):		
<input type="checkbox"/> Standing support chair REAL 2015	Plush	Artificial leather	Hygiene
<input type="checkbox"/> Chest support chair REAL 2624	<input type="checkbox"/> Grey <input type="checkbox"/> REAL-blue	<input type="checkbox"/> Red <input type="checkbox"/> Black	<input type="checkbox"/> Grey
	<input type="checkbox"/> Marine <input type="checkbox"/> Black	<input type="checkbox"/> Grey <input type="checkbox"/> Blue	
	<input type="checkbox"/> Bordeaux	<input type="checkbox"/> Brown	Patterned <input type="checkbox"/> Blue

## 2 SEAT

### SEAT UPHOLSTERY

Width x depth, in cm	ø35	ø40	36x36	41x41	40x36	Slow Recovery
Seat Round	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Seat Round Extra Upholstery	<input type="checkbox"/>					
Seat Saddle Classic			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Seat Saddle Medic					<input type="checkbox"/>	<input type="checkbox"/>
Seat Saddle ErgoMedic					<input type="checkbox"/>	<input type="checkbox"/>
Seat Saddle spinal <sup>1</sup>					<input type="checkbox"/>	
Seat Saddle saw back <sup>1</sup>					<input type="checkbox"/>	

<sup>1</sup> For REAL 2624.

## 3 BACKREST/STOMACH SUPPORT

Width x height, in cm	27x23	27x27	33x16	33x26	40x20
<b>REAL 2015</b>					
Backrest ErgoMedic				<input type="checkbox"/>	
Backrest ErgoMedic PLUS					<input type="checkbox"/>
<b>REAL 2624</b>					
Stomach support Medic	<input type="checkbox"/>				
Stomach support Classic			<input type="checkbox"/>		
Stomach support double			<input type="checkbox"/>		

## 4 ARMREST

### ARMREST MECHANISM

### ARMREST PLATE black molded / artificial leather

Model	Length in cm	25	30	35	40
<input type="checkbox"/> 2015 (non foldable) <sup>2</sup>	ErgoMedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Without armrest	Extra Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Mobil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>2</sup> For REAL 2015.

## 5 BASE

### ACTUATOR FOR SEAT HEIGHT

- |   |   |
|---|---|
| Seat height adjustment, in cm (manual)  | Control position  |
| <input type="checkbox"/> Low (60-80)<br><input type="checkbox"/> High (70-90) | <input type="checkbox"/> Under seat right side<br><input type="checkbox"/> Under seat left side |

### BASE

- |  |  |  |   |  |  |  |  |   |  |
|--|--|--|---|--|--|--|--|---|--|
| Model<br><br>Standing support chair has base 2015, forward brake for brake lever.<br><br>Chest support chair has base 2624 with foot brake in front. | Brake accessories <sup>3</sup> <table border="0"> <tr> <td><input type="checkbox"/> Brake lever 35 cm</td> <td><input type="checkbox"/> Large knob for brake lever</td> </tr> <tr> <td><input type="checkbox"/> Brake lever 45 cm</td> <td><input type="checkbox"/> Rubberized knob for brake lever</td> </tr> <tr> <td><input type="checkbox"/> Brake lever 55 cm</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Brake lever w loop</td> <td></td> </tr> </table> | <input type="checkbox"/> Brake lever 35 cm | <input type="checkbox"/> Large knob for brake lever | <input type="checkbox"/> Brake lever 45 cm | <input type="checkbox"/> Rubberized knob for brake lever | <input type="checkbox"/> Brake lever 55 cm |  | <input type="checkbox"/> Brake lever w loop |  |
| <input type="checkbox"/> Brake lever 35 cm   | <input type="checkbox"/> Large knob for brake lever  |  |   |  |  |  |  |   |  |
| <input type="checkbox"/> Brake lever 45 cm   | <input type="checkbox"/> Rubberized knob for brake lever   |  |   |  |  |  |  |   |  |
| <input type="checkbox"/> Brake lever 55 cm   |  |  |   |  |  |  |  |   |  |
| <input type="checkbox"/> Brake lever w loop  |  |  |   |  |  |  |  |   |  |

<sup>3</sup> For base 2015.

## 6 OPTIONAL AND ALTERNATIVE EQUIPMENT

- |   |  |
|---|--|
| Foot ring   | Cover  |
| <input type="checkbox"/> Foot ring 1/4 removable <sup>4</sup> | <input type="checkbox"/> Backrest/Stomach support, plush<br><input type="checkbox"/> Seat, plush<br><input type="checkbox"/> Backrest/Stomach support, water resistant<br><input type="checkbox"/> Seat, water resistant |

<sup>4</sup> For base 2015.

## COMMENTS