
	Invoice address: _____ _____	Company: C- _____ Contact person: _____
	_____ _____	Other delivery address: _____ _____
	_____ _____	_____ _____
	<input type="checkbox"/> Invoice address = delivery address	<input type="checkbox"/> Quote


This is a **Netti Customized solution**.
Not approved for car transport.


FRAME

Netti Bed Standard

	Total width: mattress + 60 mm Total height: 750 mm (from bottom to top of the mattress-frame) Tilt: -9 - +16° Netti Bed includes 22 x 1" main wheels with drum brakes, 6 x 1 ¼ front wheels and 300 mm push handles. Max load: 90 kg
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Netti Bed Electrical with electrical height adjustment

	Total width: mattress + 60 mm Total height: 500 - 950 mm (from bottom to top of the mattress-frame) Bed includes 12 x 1 ¼ main wheels with drum brakes and 5 x 1 ¼ front wheels and 300 mm push handles. Max load: 125 kg
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MATRESS SIZE	
Total length of mattress in mm: _____ (max. 2000 mm)	
Total width of mattress in mm: _____ (max. 750 mm)	
Special requirements to mattress quality:	
BED RAILS	
	<input type="checkbox"/> Bed rail left side, swingable <input type="checkbox"/> Bed rail right side, swingable Standard height = 120 mm - standard length = 700 mm Please note, if you would like to have other measurements: <input type="checkbox"/> height ____ mm <input type="checkbox"/> length ____ mm
	<input type="checkbox"/> Bed rail footend Standard height = 120 mm - standard length = width of mattress Please note, if you would like to have other measurements: <input type="checkbox"/> height ____ mm <input type="checkbox"/> length ____ mm
	<input type="checkbox"/> Bed rail upholstery left side <input type="checkbox"/> Bed rail upholstery right side <input type="checkbox"/> Bed rail upholstery footend
ACCESSORIES	
	<input type="checkbox"/> Push handles 500 mm

If you need any additional accessories or in case of specific measurements, please ask customer service or write further information below! Delivery time up to 8 weeks, please ask customer service for details.

LYING SURFACE

If you wish a divided lying surface, please state your wishes below:

2-part lying surface:

Recline area: _____ mm (standard recline is 180-120°)

Seating area: _____ mm

3-part lying surface (only possible for Netti Bed Standard):

Recline area: _____ mm (standard recline is 180-120°)

Seating area: _____ mm

Foot support area: _____ mm



Please note that the foot support area is not designed as a permanent leg support, but serves to make maneuvering the wheelchair easier for example in an elevator.

Please state the needs that the divided lying surface should fulfill:

BACK ADJUSTMENT (only for divided lying surface)

- Mechanical back adjustment
- Electrical Recline of the back for self-operating (only possible for Netti Bed Electrical)

USER INFORMATION

Please give some additional Information:

User weight: _____ kg

User situations and demands:

Requirements of the environment (e.g turning radius - with a length of 1750 mm this would be app. 2050 mm):

Please do not use any person specific data in this order form. We kindly ask you to use an anonymous order number to be able to connect the order or quote to a specific person. Thank you in advance.