JAY®

Edit : 11.24
Valid until:11.25

# Xtreme Active

| Invoice to: | | Deliver to: | |
|---|---|---|---|
| Name: | | Name: | |
| Street: | | Street: | |
| Town: | Postal code: | Town: | Postal code: |
| E-Mail: | | E-Mail: | |
| Tel: | Fax: | Tel: | Fax: |

CE

| Order date: | Marked for: |
|---|---|
| Purchase order: | |
| Number required: | Sunrise order no: |

☐ Order
☐ Calculation

**Jay® Xtreme Active - clinical indications**

Active clients requiring moderate to high level pressure redistribution with low seat to floor height.
Symmetrical client requiring mild lateral and moderate forward stability.
Independent weight shift

**2 Year guarantee; 6 months on cover.**

**Max. user weight: 150 kg**

**USER WEIGHT**
Mandatory information to ensure correct configuration

**Price:**

**Reimbursement code:**

To order a Jay Xtreme Active cushion, follow the steps below to build your part number and then choose your accessories

| | Width | Depth | Fluid type | Outer Cover | fixed |
|---|---|---|---|---|---|
| **JXAC** | **40** | **42** | **S** | **M** | **EU** |
| Jay Xtreme Active Cushion | STEP 1 | STEP 2 | STEP 3 | STEP 4 | |

Example: JXAC4042SMEU

## CUSHION WIDTH AND DEPTH - STEP 1 + STEP 2

**Width**

| Depth | cm | 34 | 36 | 38 | 40 | 42 | 44 | 46 | 48 | 50 |
|---|---|---|---|---|---|---|---|---|---|---|
| Leg support kit available (size S) 34 - 42 cm depths | 34 | ○ | ○ | | | | | | | |
| | 36 | ○ | ○ | | | | | | | |
| | 38 | | ○ | ○ | ○ | ○ | ○ | | | |
| | 40 | | ○ | ○ | ○ | ○ | ○ | | | |
| | 42 | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Leg support kit available (size R) 44 - 50 cm depths | 44 | | | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | 46 | | | | ○ | ○ | ○ | ○ | ○ | ○ |
| | 48 | | | | | ○ | ○ | ○ | ○ | ○ |
| | 50 | | | | | | ○ | ○ | ○ | ○ |

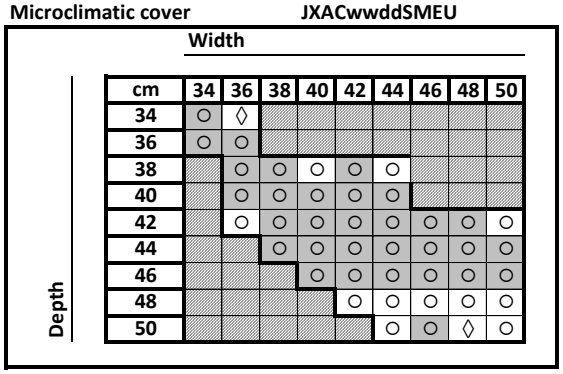
Please refer to back page for delivery times

| WIDTH | | DEPTH |
|---|---|---|
| | x | |
| STEP 1 | | STEP 2 |

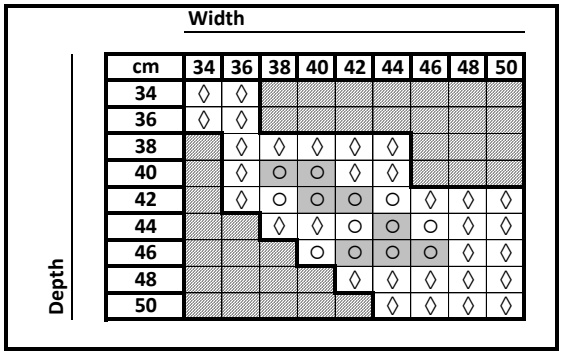
For more information
visit our webpage
www.sunrisemedical.com

## STANDARD FLUID PAD

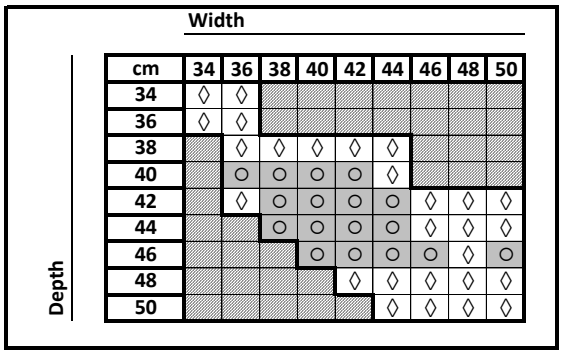
### Microclimatic cover — JXACwwddSMEU




### Incontinent cover — JXACwwddSIEU

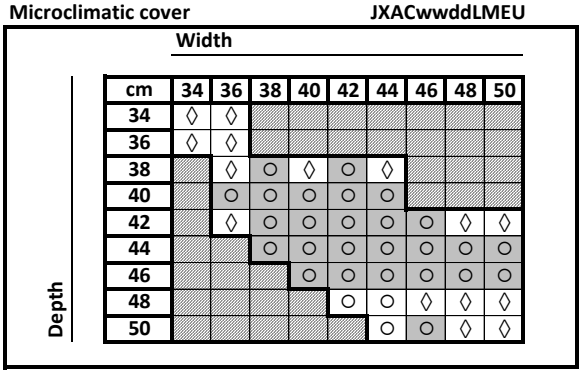



### Stretch cover — JXACwwddSSEU

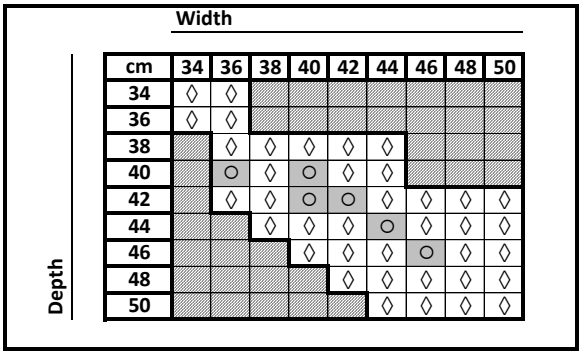



## LARGE FLUID PAD

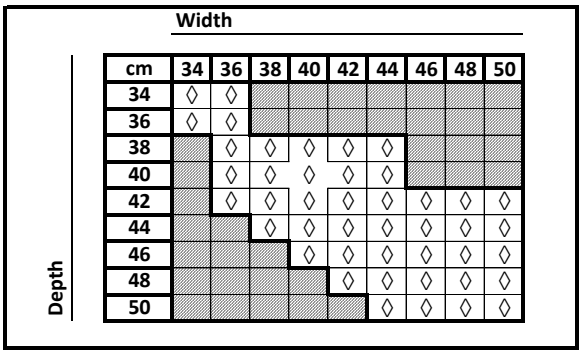
### Microclimatic cover — JXACwwddLMEU




### Incontinent cover — JXACwwddLIEU




### Stretch cover — JXACwwddLSEU




Delivery times

○ 5 days
◊ 15 days
not available

For more information
visit our webpage
www.sunrisemedical.com

**JAY© XTREME ACTIVE CUSHION**

## SELECT YOUR FLUID TYPE - STEP 3

| | Select | Part # |
|---|---|---|
| Standard fluid pad | ☐ | S |
| Large fluid pad | ☐ | L |

FLUID TYPE

STEP 3
(S or L)

All cushions are delivered with an water resistant inner cover which fits both fluid types.

## OUTER COVER OPTION - STEP 4

| | Select | Part # |
|---|---|---|
| Microclimatic | ☐ | M |
| Stretch | ☐ | S |
| Incontinent | ☐ | I |

OUTER COVER

STEP 4
(M, S or I)

## JAY Xtreme Active Cushion Smart Part Number

| | Width | Depth | Fluid Type | Outer Cover | fixed |
|---|---|---|---|---|---|
| **JXAC** | 40 | 42 | S | M | EU |
| fixed | STEP 1 | STEP 2 | STEP 3 | STEP 4 | |

The part # above (JXAC4042SMEU) describes a Jay Xtreme Active cushion with 40 width and 42 depth, standard fluid pad, and microclimatic outer cover. If any modifications of your cushion is needed please contact your Sunrise Medical authorized Customer Service.

## ACCESSORIES AND SPARES

| **Leg Support Components** | | | Qty | Price |
|---|---|---|---|---|
| **LSKJXACEU-S** | ☐ | Leg support kit* (short) for cushions with depths up to 42 cm, *containing 2 adductors (left and right) and 1 abductor (middle), each 2,5 cm high - 5 days lead time* | | |
| **LSKJXACEU-R** | ☐ | Leg support kit* (regular) for cushions with depths from 44 cm up to 50 cm, *containing 2 adductors (left and right) and 1 abductor (middle), each 2,5 cm high - 5 days lead time* | | |

| **Spares** | | | | |
|---|---|---|---|---|
| **CJXACwwddMEU** | ☐ | Microclimatic outer cover (same for positioning and non-positioning cushions) | | |
| **CJXACwwddIEU** | ☐ | Incontinent outer cover (same for positioning and non-positioning cushions) | | |
| **CJXACwwddSEU** | ☐ | Stretch outer cover (same for positioning and non-positioning cushions) | | |
| **CIJXACwwddSEU** | ☐ | Inner cover (same for all fluid types, positioning and non-positioning cushions) | | |
| **BJXACwwdd-SEU** | ☐ | Foam base for standard fluid pad | | |
| **BJXACwwdd-LEU** | ☐ | Foam base for large fluid pad | | |
| **FLJXAC-L1EU** | ☐ | Large fluid pad for cushion widths 34 and 36cm ** | | |
| **FLJXAC-L3EU** | ☐ | Large fluid pad for cushion widths 38 and 40cm ** | | |
| **FLJXAC-L5EU** | ☐ | Large fluid pad for cushion widths 42 and 44cm ** | | |
| **FLJXAC-L6EU** | ☐ | Large fluid pad for cushion widths 46 and 50cm ** | | |
| **FLJXAC-S1EU** | ☐ | Standard fluid pad for cushion widths 34 and 36cm ** | | |
| **FLJXAC-S3EU** | ☐ | Standard fluid pad for cushion widths 38 and 40cm ** | | |
| **FLJXAC-S5EU** | ☐ | Standard fluid pad for cushion widths 42 and 44cm ** | | |
| **FLJXAC-S6EU** | ☐ | Standard fluid pad for cushion widths 46 and 50cm ** | | |
| **JSI wwdd** | ☐ | Solid Seat *(recommended for Flat Base option where used on sling seats)* | | |

* it is not necessary to order a separate inner cover then you order the leg support kit, as all inner covers are designed to accommodate leg support kits.

**** when changing from standard to large fluid pad (or vice-versa) you need to order a base assembly. The bases are made either for large or for standard fluid pad and are not interchangeable.**

| **COSTS** | Unit price | Total price |
|---|---|---|
| **Cushion Price** | | |
| **Accessories and spares** | | |
| **Total Cost** | | |

**Sunrise Medical Customer Service** **export@sunrisemedical.de**
**Address: Kahlbachring 2-4, D-69254 Malsch/Heidelberg**
**Tel. +497253 980-400**
**Fax. +497253 980-222**

For more information
visit our webpage
www.sunrisemedical.com