**中山市古镇人民医院医疗设备配置清单及技术参数表**

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| **设备名称** | | **下肢功率车（立式磁控）** | | | | | **购置数量** | 1台 |
| 1. **整体要求：**   立式磁控型 | | | | | | | | |
| **二、配置清单：** | | | | | | | | |
| **序号** | **项目名称** | | | **数量** | **单位** | **功能要求** | | |
| 1 | 电子表 | | | 1 | 个 |  | | |
| 2 | 阻尼调节器 | | | 1 | 个 |  | | |
| 3 | 扶手架 | | | 1 | 个 |  | | |
| 4 | 脚踏板及绑带 | | | 1 | 套 |  | | |
| **三、技术参数：** | | | | | | | | |
| **序号** | **项目名称** | | **技术参数** | | | | | |
| 1 | **结构型式** | | 电子表、扶手架、阻尼调节器、座垫、脚踏板及绑带、基架 | | | | | |
| 2 | **材质** | | 静电喷塑架、橡胶踏板、橡胶垫、海绵扶手 | | | | | |
| 3 | **电子表功能** | | 可记录时间、速度、距离、热量等数值 | | | | | |
| 4 | **坐垫调节范围** | | 调节范围:0~25cm（±2cm） | | | | | |
| 5 | **坐垫额定载荷** | | 座垫载荷大于125kg | | | | | |
| 6 | **阻尼调节档数** | | 阻尼调节8挡或以上 | | | | | |
| 7 | **尺寸规格** | | 80X60X125cm（±5cm） | | | | | |
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