

Optik 7242

Model number: 101275

Dimensions: 72" x 42" x 24"

Installation: Undermount

Material: Acrylic



Standard Features:

- Sleek bathtub combines straight and curvaceous lines
- Inclined backrest, curvaceous armrests and deep bathing well
- Ample deck space for faucet installation
- Undermount or Drop-in installation with center drain
- Two 12 in. grab bars option available
- Magnetic cushion available in black or white

Product characteristics:

- Elegant design
- Integrated Armrest
- Maximized Bathing Well

Systems:

- Hydrofeel
- Aerofeel
- Combined Hydrofeel/Aerofeel

Warranty:

25 Years

Standard colors:



Certifications

MAAX products adhere to one or more of the following certifications:



Options (Visit our website for a complete list of our options)

No	Description
<input type="checkbox"/> OPT 10054	Two chromatherapy lights
<input type="checkbox"/> OPT 10095	Water heater assembly
<input type="checkbox"/> OPT 10096	Thermo-Acoustic system
<input type="checkbox"/> OPT 10117	Optional minimalist cushion (magnetic)
<input type="checkbox"/> OPT 20141	Rest System

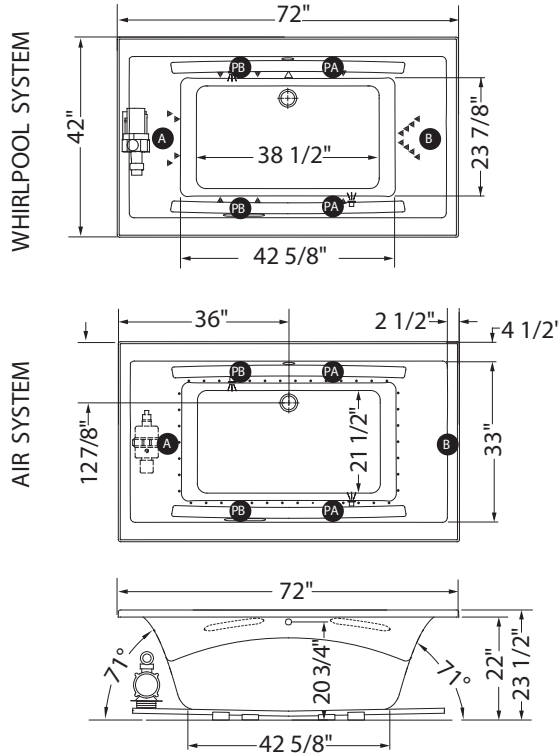
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Dimensions:

72 x 42 x 23 1/2 in.
(1829 x 1067 x 597 mm)

Water capacity:

92 gallons - 350 liters

Weight:

90 lbs - 40 kg

Bathing well:

42 5/8 X 33 in.
(1083 X 838 mm)

Deep sump height:

21 1/2 in. - 546 mm

Deck width:

4 1/2 in. - 114 mm

Drain location:

Center

- Ⓐ : Specify blower and/or pump location when ordering
 - Ⓑ : With system, the optional grab bar is on opposite side of the pump. Without system, specify optional grab bar location when ordering.
 - (▲) : Indicates whirlpool jets positioning
 - (△) : Indicates suction positioning
 - (●) : Indicates airjets positioning
 - (☼) : Indicates chromatherapy light positioning
- Bathtub base includes anti-vibration Neutra-Phone leg supports (not shown).
Blower must be installed at a distance.
The back massage is on the opposite side of the blower position.
All dimensions are approximate. Structure measurements must be verified against the unit to ensure proper fit.

Project: _____

Contractor: _____

MAAX Representative: _____

Date: _____

Tel: _____

Notes: _____
