

# Face Sheet



## Ride Custom Systems Face Sheet

(Please fill in one face sheet per client order)

Client First Name / Last Initial \_\_\_\_\_

### Components ordered:

Please attach appropriate order form for each component

- Ride Custom Cushion**
  - Simulator (shape capture) based,  
Simulator number: \_\_\_\_\_
  - Evaluator based
- Ride Custom Back**

Account #: \_\_\_\_\_

PO # \_\_\_\_\_

Date \_\_\_\_\_

### 1. General Information

Supplier \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Ship To (if different from above)

NOTE: Ride Custom Systems must be fitted by a Ride Certified provider, and WILL NOT be drop shipped to end users.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Referral Source

Facility \_\_\_\_\_ Clinician Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

### 2. Client Information

WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

First Name/Last Initial \_\_\_\_\_ M F

Diagnosis \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hip width: \_\_\_\_\_" Leg length: Left \_\_\_\_\_" Right \_\_\_\_\_"

### 3. Mobility Base Specifications

Wheelchair Make \_\_\_\_\_ Model \_\_\_\_\_

Frame Width \_\_\_\_\_" Depth \_\_\_\_\_"

NOTE: Ride Designs does not recommend use of Ride Custom Cushions on wheelchairs with **ERGO FRAMES**.

### 4. Please fill in and attach the appropriate order form for each Ride Custom Component ordered.



**Ride Designs®**  
a branch of Aspen Seating, LLC

4211-G South Natches Court  
Sheridan, Colorado 80110

toll-free 866.781.1633  
phone 303.781.1633  
fax 303.781.1722



**Ride Custom Back Support**

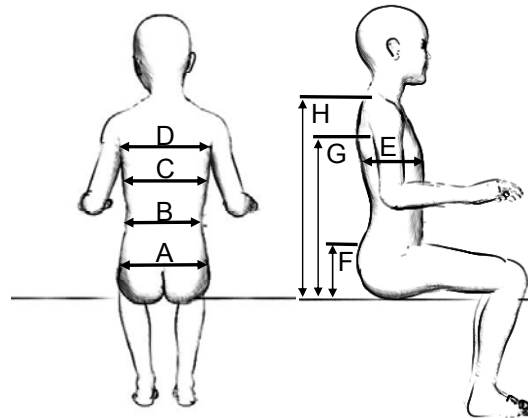
Client First Name / Last Initial \_\_\_\_\_

**NOTE:** This order form must be accompanied by a Ride Custom Systems Face Sheet  
Prices effective March 1, 2009

- Ride Custom Back (Model #: RCB100)**  
Includes custom ventilated contoured seat back shell, with breathable composite foam interface insert, and spacer fabric cover.
- Ride Custom Back (Model #: RCB100) FOR COMMODOE BACK  
Includes custom ventilated contoured seat back shell and spacer fabric cover.

**Client Measurements:**

- A. Trochanters \_\_\_\_\_"
- B. Waist \_\_\_\_\_"
- C. Mid-Thorax \_\_\_\_\_"
- D. Axilla \_\_\_\_\_"
- E. A-P Mid-Thorax \_\_\_\_\_"
- F. PSIS height \_\_\_\_\_"
- G. Axilla height \_\_\_\_\_"
- H. Top of shoulder \_\_\_\_\_"



**Before transferring client from simulator, please complete the following:**

- Photos of client in simulator:  Front view  Side View
- E-mailed to [myride@ridedesigns.com](mailto:myride@ridedesigns.com), with client name and provider information.
- Attached
- Trim Lines: Establish and mark on simulator bag:
  - Back Height
  - Lateral support depth and height

**Before shipping cast, ALLOW TO DRY FOR 48 HOURS, and please complete the following:**

- Face sheet and order form (Enclose one copy of each in box with cast)
- Mark cast with following information:
  - Trim lines
  - Client first name and last initial
  - Supplier/Vendor
  - Supplier/Vendor representative
  - Therapist name
  - Date

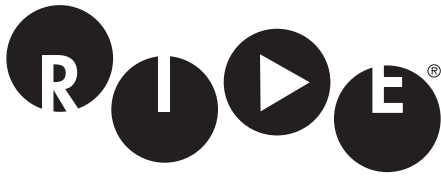
**1. Ride Custom Back Specifications:**

- Trochanter width ≤ 20" ..... \$ 1900.00
- Trochanter width >20" ..... \$ 2200.00

**2. Supplementary Padding, Reliefs, Dimensions**

- Enhanced relief with reticulated foam padding ..... \$ 300.00  
(Typically used for improved protection and comfort at skeletal prominences such as rib humps and spinous processes.)  
(Draw desired location and shape of relief on cast)
- Axillary support pad  
(Typically used for distribution of corrective forces near the axilla on concave side of scoliosis)
  - Left ..... \$ 175.00
  - Right ..... \$ 175.00
 (Draw desired location and shape of pad(s) on cast)
- Extended depth and/or height lateral thoracic support (Mark reference lines on cast)
  - Extend LEFT lateral thoracic support \_\_\_\_\_" forward, \_\_\_\_\_" above reference lines ..... \$ 290.00
  - Extend RIGHT lateral thoracic support \_\_\_\_\_" forward, \_\_\_\_\_" above reference lines ..... \$ 290.00
- Extended back height (Mark reference lines on cast)
  - Extend back height \_\_\_\_\_" above reference line ..... \$ 290.00





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 www.ridedesigns.com

## Ride Forward™ Cushion Order Form

<b>Supplier Name &amp; Address</b>	<b>Ship To</b>	<b>Details</b>
_____	_____	Account # _____
_____	_____	P.O. # _____
_____	_____	Purchaser _____
Phone _____	Phone _____	Mark for _____
Fax _____	Fax _____	Date _____

### Ride Forward Cushion (E2607, skin protection and positioning wheelchair seat cushion)

Forward Cushion Size (width x depth)	Part Number Complete	Mfr. Sugg. Retail Price* Complete	Fits Wheelchair Widths	Fits Wheelchair Depths	Quantity	Total
12 x 12 <b>P</b>	FC-1212	\$425.00	11/12"	12/13"		
14 x 14	FC-1414	\$425.00	13/14"	14/15"		
14 x 16	FC-1416	\$425.00	13/14"	16/17"		
16 x 16	FC-1616	\$425.00	15/16"	16/17"		
16 x 18	FC-1618	\$425.00	15/16"	18/19"		
16 x 20	FC-1620	\$425.00	15/16"	20/21"		
18 x 16	FC-1816	\$425.00	17/18"	16/17"		
18 x 18	FC-1818	\$425.00	17/18"	18/19"		
18 x 20	FC-1820	\$425.00	17/18"	20/21"		
20 x 16	FC-2016	\$425.00	19/20"	16/17"		
20 x 18	FC-2018	\$425.00	19/20"	18/19"		
20 x 20	FC-2020	\$425.00	19/20"	20/21"		

Subtotal Ride Forward Cushions \_\_\_\_\_

### Additional Forward Items

Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
Outer Cover Only -- specify Cushion width x length --	CFC-_____	\$125.00		
Ride CAM® Wedge Kit* -- specify Cushion width --	FCC-WK _____	\$ 50.00		

Subtotal Additional Forward Items \_\_\_\_\_

**TOTAL from all categories** \_\_\_\_\_

\* NOTE: Each kit contains two (2) Ride CAM wedges for 14" to 20" width cushions only.

**P** = Contoured and sized for pediatric application.

#### Return Policy

Ride Forward Cushions may be returned if they are in their original, sealed, Ride plastic bag. All returns are subject to a 10% restocking fee.

\*All prices are in U.S. dollars.

#### Have you considered a back support?



#### The Corbac™ Adjustable Contour Back Support:

- lightweight
- breathable
- easy adjustment
- no hardware
- folds with wheelchair

E2611, General use wheelchair back cushion

#### Ride CAM® Wedge Kit



Use Ride CAM Wedges **symmetrically** (shown above) to promote more upright posture and decrease ischial pressure or **asymmetrically** to help level a flexible pelvic obliquity.

Each kit contains two (2) Ride CAM wedges for 14" to 20" width cushions only.