

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.



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Ride Custom Cushion (Evaluator Based)

Client First Name / Last Initial _____

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

Ride Custom Cushion (Model #: RCC100) Evaluator Based

Ride Custom Cushion (Model #: RCC100) FOR COMMODE SEAT

Evaluator Size: Small (14" W x 14" D) Medium (16" W x 16" D) Large (18" W x 16" D)

1. Cushion Width (Actual cushion width will be 1/2" less than specified)

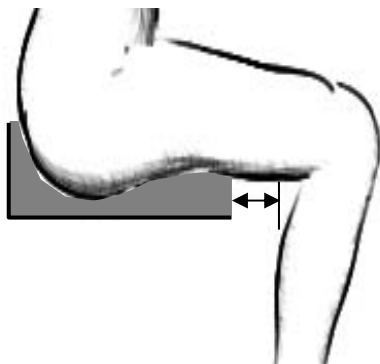
- Standard 14" 15" 16" 17" 18" 19" 20" \$ 1370.00
- Tapered width: Back width _____" Front width _____" \$ 1490.00

2. Cushion/Wheelchair Interface:

Ride Custom Cushions generated from a Ride Evaluator assessment come with a mildly radiused bottom. It will work equally well on a tight sling or solid seat. Maximum client weight is 250 pounds. Ride Designs recommends using a solid seat for clients over 200 pounds.

3. Cushion Length

IMPORTANT: Specify cushion length relative to front of EVALUATOR as shown.



Equal to EVALUATOR length..... Standard

Symmetrical Length

Add _____" Subtract _____" to EVALUATOR length..... No charge

Asymmetrical Length \$ 120.00

Left: Add _____" Subtract _____" to EVALUATOR length

Right: Add _____" Subtract _____" to EVALUATOR length

Measure from front of EVALUATOR to establish cushion length. If you missed this step, then tell us the length you would like the cushion to be down each side:

Left _____" Right _____"

4. Undercut Front Edge

1" Undercut \$ 65.00

5. Were Ride CAM® Wedges Used? Indicate the number used on each side of Evaluator cushion during assessment. The Ride Custom Cushion will be molded to match the contour created by Ride CAM wedge placement.

No Standard

Yes \$ 140.00

Left: 0 1 2

Right: 0 1 2

6. Sitting Height

As evaluated Standard

Increase height: 1/2" 1" 1 1/2" 2" \$ 140.00



Ride Custom Back Support

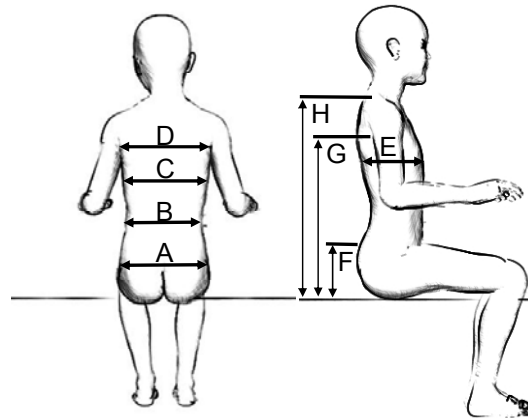
Client First Name / Last Initial _____

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, 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

