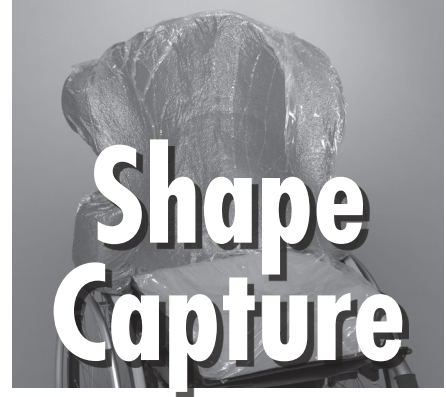


Ride Custom Systems Shape Capture Checklist



This comprehensive tools and materials check-list will ensure you have all materials needed for capturing the shape of your client for a Ride Custom Cushion and/or Back support.

- Order forms (download order forms at www.ridedesigns.com/orderforms.html)
- Tape measure
- Camera

Ride Custom Cushion tools

- Ride Custom Evaluator Cushion of appropriate size for Evaluator Based cushions (these are the blue covered cushions that came in your Ride Custom Cushion Starter Kit). Make sure Ride CAM® Wedges are in the front pouch of the Evaluator cover.
 - Small (14" W x 14" D)
 - Medium (16" W x 16" D)
 - Large (18" W x 16" D)

NOTE: Evaluator cushions are used to determine if a standard off-loading contour will safely and correctly support a person. If successful, build a Ride Custom Cushion around this contour by filling out the order form and fax to Ride Designs. If unsuccessful, then proceed to capture the person's shape in the impression foam simulator.

- Box of Ride Gauges
- Ride Custom Cushion impression foam Simulator of appropriate size for Simulator Based cushion
 - Small for hip widths less than 14"
 - Medium for hip widths less than or equal to 17"
 - Large for hip widths greater than or equal to 18"
- Box of simulator refresh kits, same size as simulator selected
- 2" hook/loop fastener to attach simulator/evaluator to wheelchair

Ride Custom Back tools

- Back kit (everything needed can be found within your original kit)
 - Inner spandex bag with outer plastic bag installed
 - Vacuum pump
 - Additional outer replacement bags
 - Zip-loc bag with electrical tape, shipping label, order forms, and indelible pencil (make sure it is sharpened)
 - M-L measuring stick
- Black Sharpie® pen for marking trim lines on shape capture bag prior to casting
- 1 box of splinting material and 2 rolls of plaster for each shape to be captured
Note: A pre-paid shipping label, new outer bag, pencil, splinting material and 2 plaster rolls accompany every Ride Custom Back you order.
- Roll of high quality masking tape for quick patch of the occasional bag tear
- Bucket for plastering
- Examination gloves for use during plastering
- Tarp to protect floor
- Scissors for removing used outer bags

Ride Designs®
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Ride Custom Systems Face Sheet :~)

Please fill in one face sheet per client order.

Client First Name / Last Initial: _____

Attach appropriate order form for each component ordered.

Ride Custom Cushion

Ride Custom Back

Date of shape capture: _____

Account # _____
PO # _____
Date _____

1. General Information

Supplier _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

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 # _____ Email _____

Referral Source

Facility Name _____

Clinician Name _____

Phone # _____ Email _____

2. Client Information

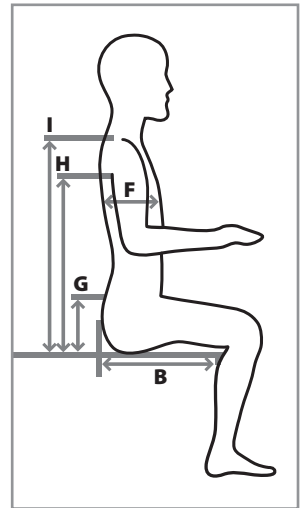
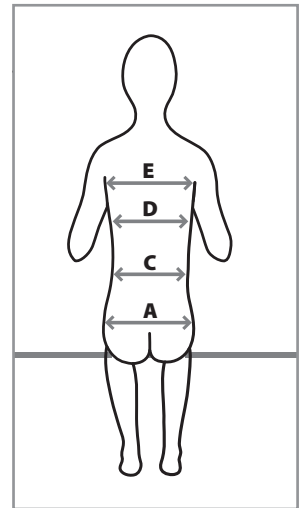
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: M F Diagnosis _____

Height _____ Weight _____

Client Measurements (*These measurements needed for cushion orders only.)

- | | |
|---|------------------------------|
| A. Trochanters* _____" | F. A-P Mid-Thorax _____" |
| B. Leg length* Left _____" Right _____" | G. Top of Iliac Crest _____" |
| C. Waist _____" | H. Axilla height _____" |
| D. Mid-Thorax _____" | I. Top of shoulder _____" |
| E. Axilla _____" | |



3. Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"

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

4. Custom Component Order Forms

Complete and attach the appropriate order form for each Ride Custom component ordered.



Impression Foam Simulator-Based Ride Custom Cushion Order Form

Client First Name / Last Initial _____

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.
Prices effective March 1, 2011.

- Ride Custom Cushion, Impression Foam Simulator-Based** (Model #: RCC100)
- Ride Custom Cushion, for Commode Seat (Model #: RCC100)

Simulator Size

- Small (12-14" W)
- Medium (14-17" W)
- Large (17-20" W)
- Medium Short
- Large Short

Simulator Number _____

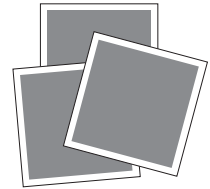
Resting Posture of Pelvis on Ride Simulator

- Neutral
- Posterior
- Anterior

Items with arrow (▶) MUST be completed prior to client transferring out of Simulator

▶ 1. Photos of client in Ride Simulator

- Front view
- Side view
- Simulator in wheelchair, shape captured
- Emailed to myride@ridedesigns.com, with client name and provider information
- OR Attached



2. Cushion/Wheelchair Interface

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

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Solid Seat		Standard
<input type="checkbox"/> Sling Seat (Note: A 1/2" decrease in sitter height may result)		Standard
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC03	\$ 120.00
<input type="checkbox"/> Cross brace notches L _____" R _____" (as measured from front of back canes to center of cross-brace)	RCC-WC03CB	\$ 75.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 75.00

3. Cushion Width (Actual cushion width will be 1/2" less than specified to accommodate Ride CAM® straps.)

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Standard <input type="checkbox"/> 12" <input type="checkbox"/> 13" <input type="checkbox"/> 14" <input type="checkbox"/> 15" <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"	RCC-100R	\$1470.00
<input type="checkbox"/> Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22"	RCC-100W	\$1590.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$1590.00

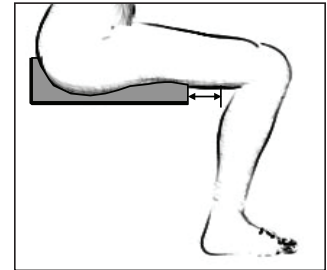
NOTE: Virtually any size can be built. Call for a quote.

Continue on page 2

► 4. Cushion Length (IMPORTANT: Specify cushion length relative to front of simulator pan as shown.)

Note: Cushion must not extend more than 1" beyond front or back of solid or sling seat.

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Equal to SIMULATOR length	RCC-CLAC	Standard
<input type="checkbox"/> Symmetrical Length	RCC-CLSL	No charge
<input type="checkbox"/> Add _____" to SIMULATOR length		
<input type="checkbox"/> Subtract _____" to SIMULATOR length		
<input type="checkbox"/> Asymmetrical Length		\$ 120.00
LEFT	RCC-CLALL	
<input type="checkbox"/> Equal to SIMULATOR length		
<input type="checkbox"/> Add _____" to SIMULATOR length		
<input type="checkbox"/> Subtract _____" to SIMULATOR length		
RIGHT	RCC-CLALR	
<input type="checkbox"/> Equal to SIMULATOR length		
<input type="checkbox"/> Add _____" to SIMULATOR length		
<input type="checkbox"/> Subtract _____" to SIMULATOR length		



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

Left _____" Right _____"

5. Undercut Front Edge

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> 1" undercut	RCC-UC1	\$ 65.00

► 6. Sitting Height IMPORTANT: Foam remaining between ITs and SIMULATOR SHELL must be at least 1" deep.

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> As captured	RCC-SHAC	Standard
<input type="checkbox"/> Increase height _____"	RCC-SHIH	\$ 140.00
<input type="checkbox"/> Decrease height _____"	RCC-SHDH	\$ 140.00
OR <input type="checkbox"/> As low as possible		

7. Cushion Contour

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Off-load bony prominences Off-loads bony prominences and enhances loading of areas tolerant of pressure and shear for best skin protection and postural control.	RCC-OBP	Standard
<input type="checkbox"/> Full contact Cushion manufactured as captured without CAM Straps. WARNING: Full contact is not recommended for users at high risk of skin breakdown.	RCC-FC	No charge

8. Orientation of Client, Anterior-Posterior-Lateral

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> As captured	RCC-OCAC	Standard
<input type="checkbox"/> Center shape	RCC-OCCS	\$ 140.00
<input type="checkbox"/> Client is _____" forward of desired location on cushion	RCC-OCCF	\$ 140.00
<input type="checkbox"/> SIMULATOR is _____" forward of desired cushion location	RCC-OCSF	\$ 140.00
<input type="checkbox"/> SIMULATOR is wedged up _____" <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Left side <input type="checkbox"/> Right side	RCC-WS	\$ 140.00

9. Thigh/Femoral Support

Item	Part Number	Mfr. SuggRetail Price*
Medial Thigh Support		
<input type="checkbox"/> As captured	RCC-MTAC	Standard
<input type="checkbox"/> Eliminate _____"	RCC-MTE	\$ 50.00
<input type="checkbox"/> Increase _____"	RCC-MTI	\$ 105.00
<input type="checkbox"/> Decrease _____"	RCC-MTD	\$ 105.00
Lateral Thigh Support		
LEFT		
<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate _____"	RCC-LTEL	\$ 50.00
<input type="checkbox"/> Increase _____"	RCC-LTIL	\$ 105.00
<input type="checkbox"/> Decrease _____"	RCC-LTDL	\$ 105.00
RIGHT		
<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate _____"	RCC-LTER	\$ 50.00
<input type="checkbox"/> Increase _____"	RCC-LTIR	\$ 105.00
<input type="checkbox"/> Decrease _____"	RCC-LTDR	\$ 105.00

10. Covers

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Breathable zip cover		Standard
<input type="checkbox"/> Additional breathable zip cover	RCC-CBZA	\$ 190.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 70.00

11. Soft Fit

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Additional layer of spacer material to improve pressure distribution on loading contours	RCC-EM	\$ 130.00

