

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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