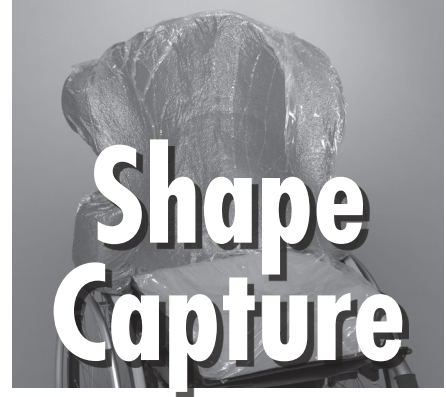


Ride Custom Systems Shape Capture Checklist



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

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fax 303.781.1722

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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 _____

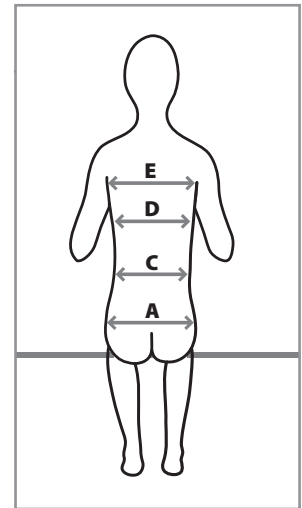
Phone # _____ Email _____

Referral Source

Facility Name _____

Clinician Name _____

Phone # _____ Email _____



2. Client Information

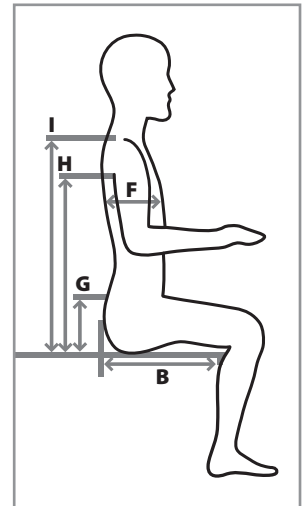
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

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.



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

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 to accommodate CAM hardware.)

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Standard <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"	RCE-100R	\$1370.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCE-CWTW	\$1490.00

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

2. Cushion/Wheelchair Interface

Ride Custom Cushions generated from a Ride Evaluator-based 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 at right.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Equal to EVALUATOR length	RCE-CLEL	Standard
<input type="checkbox"/> Symmetrical Length <input type="checkbox"/> Add _____" to EVALUATOR length <input type="checkbox"/> Subtract _____" from EVALUATOR length	RCE-CLSL	No charge
<input type="checkbox"/> Asymmetrical Length LEFT	RCE-CLALL	\$ 120.00
<input type="checkbox"/> Equal to EVALUATOR length <input type="checkbox"/> Add _____" to EVALUATOR length <input type="checkbox"/> Subtract _____" from EVALUATOR length		
RIGHT	RCE-CLALR	
<input type="checkbox"/> Equal to EVALUATOR length <input type="checkbox"/> Add _____" to EVALUATOR length <input type="checkbox"/> Subtract _____" from 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 _____"

* All prices are in U.S. dollars.

Client First Name / Last Initial _____

5. Undercut Front Edge

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

6. 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.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> No	RCE-WNO	Standard
<input type="checkbox"/> Yes Left: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 Right: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	RCE-WYES	\$ 140.00

6. Sitting Height

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> As evaluated	RCE-SHAE	Standard
<input type="checkbox"/> Increase height _____"	RCE-SHIH	\$ 140.00

7. Orientation of Cushion

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> EVALUATOR is wedged up _____" <input type="checkbox"/> Front <input type="checkbox"/> Back	RCE-WE	\$ 140.00

8. Thigh/Femoral Support NOTE: The Ride Evaluator = 0" medial and lateral thigh support.

Item	Part Number	Mfr. Sugg. Retail Price*
Medial Thigh Support		
<input type="checkbox"/> 0"	RCE-MTO	Standard
<input type="checkbox"/> ½" <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2"	RCE-MTI	\$ 105.00
Lateral Thigh Support		
LEFT		
<input type="checkbox"/> 0"	RCE-LTOL	Standard
<input type="checkbox"/> ½"	RCE-LTIL-0.5	\$ 105.00
<input type="checkbox"/> 1"	RCE-LTIL-1.0	\$ 105.00
RIGHT		
<input type="checkbox"/> 0"	RCE-LTOR	Standard
<input type="checkbox"/> ½"	RCE-LTIR-0.5	\$ 105.00
<input type="checkbox"/> 1"	RCE-LTIR-1.0	\$ 105.00

9. Covers

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

Continue on page 3

10. Soft Fit

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

11. Growth

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit Provides for one discounted growth adjustment, including a new cover, during two year warranty period (normal cost for growth is \$335.00). Width and/or length only. Changes in pelvic alignment and body shape can not be accommodated through growth adjustment.	RCE-DGK	\$ 235.00

Special Instructions or Comments

NOTE: May affect price; call to request quote.

Total: _____



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www.ridedesigns.com