

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 Back Support

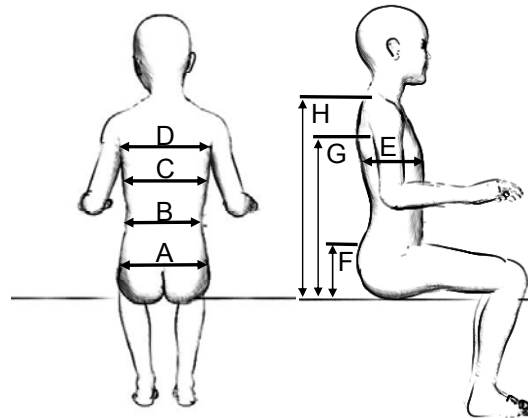
Client First Name / Last Initial _____

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

