

Ride® Custom Systems Face Sheet :~)

Please fill in one face sheet per client order. NOTE: P.O. name and Order name need to match.

Client's First and Last Name*

Attach appropriate order form for each component ordered.

- New Ride Custom Cushion 2 (RCC200)
Ride Custom Back (RCB100)
Original Ride Custom Cushion (RCC100)

Account #
PO #
Date
SN#

Date of shape capture:

*Internal management of personal information is HIPAA compliant.

General Information

Supplier
Contact Name
Address
City
State
Zip
Phone #
Email

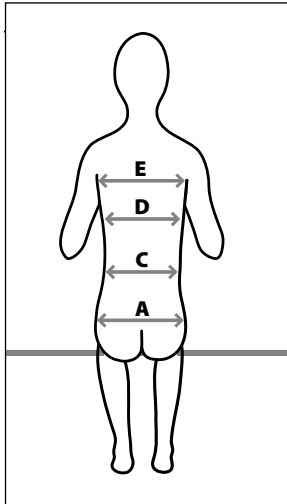
Ship to (if different from above)

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



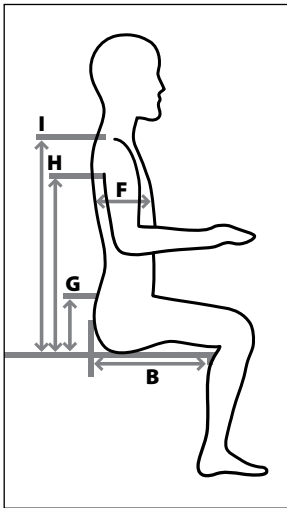
Client Information

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

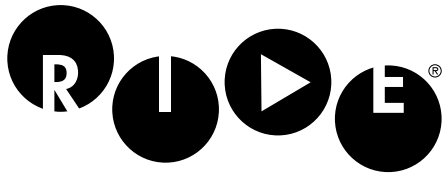
Client Measurements

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



Mobility Base Specifications

Wheelchair Make Model
Frame Width Depth



Impression Foam Simulator-Based Ride® Custom Cushion Order Form

Client First and Last Name _____

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.
Prices effective June 1, 2015.

- Ride Custom Cushion, Impression Foam Simulator-Based** (Model #: RCC100)
 Medicare HCPCS Code E2609
- Ride Custom Cushion with commode opening and solid seat pan without CAM hardware or cover (Model #: RCC100)

Simulator Size

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

Simulator Number (Located on side of Simulator pan) _____

Resting Posture of Pelvis on Ride Simulator

- Neutral
- Posterior
- Anterior

1. Photos of client in Ride Simulator

- Front view
- Side view
- Simulator in wheelchair, shape captured
- Emailed to customerservice@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 (Note: Required for cushion widths greater than 19")		Standard
<input type="checkbox"/> Sling Seat (Note: Sling seat is only available for cushion widths up to and including 19")		Standard
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 126.00
<input type="checkbox"/> Cross brace notches L _____" R _____" (as measured from front of back canes to center of cross-brace)	RCC-WC003CB	\$ 79.00
<input type="checkbox"/> Front rigging notches	RCC-WCFR	\$ 79.00
_____ " W x _____ " D x _____ " H		
<input type="checkbox"/> Custom Mounting Platform (not compatible with sling seat option) ABS platform with indexing tabs	RCC-CMP	\$ 400.00

DID YOU SEND PHOTOS?



Custom Mounting Platform.

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

Item	Part Number	Mfr. SuggRetail Price*
Standard	RCC-100	\$ 1590.00
<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"		

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

Extra large and tapered size options on next page...

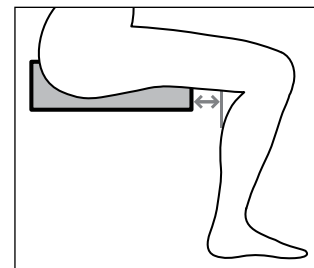
3. Cushion Width (continued)

Item	Part Number	Mfr. SuggRetail Price*
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22"	RCC-100W	\$ 1720.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$ 130.00

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
Symmetrical Length	RCC-CLSL	No charge
<input type="checkbox"/> Add _____" to SIMULATOR length		
<input type="checkbox"/> Subtract _____" to SIMULATOR length		
Asymmetrical Length		\$ 126.00
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	\$ 68.00

6. Sitting Height

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> As captured	RCC-SHAC	Standard
<input type="checkbox"/> Increase height _____"	RCC-SHIH	\$ 147.00
<input type="checkbox"/> Decrease height _____" OR <input type="checkbox"/> As low as possible	RCC-SHDH	\$ 147.00

IMPORTANT:

Foam remaining between ITs and SIMULATOR SHELL must be at least 1" deep, but not greater than 2."

7. Cushion Contour

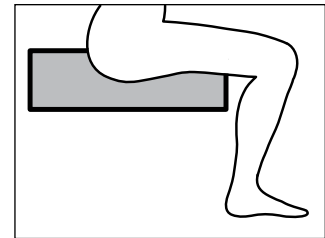
Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Off-load bony prominences Off-loads bony prominences and enhances loading of areas tolerant of pressure and shear for best skin protection and postural control.	RCC-OBP	Standard
<input type="checkbox"/> Full contact Cushion manufactured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

* All prices are in U.S. dollars.

Continue on page 4

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	\$ 147.00
<input type="checkbox"/> Client is _____" forward of desired location on cushion Note: If there is more than 1" of undisturbed foam behind the most posterior aspect of the client's shape, and you don't choose this option, cushion may be accompanied by a black etha foam spacer, outside of the cover, in order to index the cushion to the back of the wheelchair.	RCC-OCCF	\$ 147.00
<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	\$ 147.00



Client forward of desired location on cushion. Call Customer Care for further instructions.

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	\$ 53.00
<input type="checkbox"/> Increase _____"	RCC-MTI	\$ 111.00
<input type="checkbox"/> Decrease _____"	RCC-MTD	\$ 111.00
Lateral Thigh Support		
LEFT		
<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTEL	\$ 53.00
<input type="checkbox"/> Increase _____"	RCC-LTIL	\$ 111.00
<input type="checkbox"/> Decrease _____"	RCC-LTDL	\$ 111.00
RIGHT		
<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTER	\$ 53.00
<input type="checkbox"/> Increase _____"	RCC-LTIR	\$ 111.00
<input type="checkbox"/> Decrease _____"	RCC-LTDR	\$ 111.00
<input type="checkbox"/> Front Cushion Reinforcement	RCC-CR	\$ 262.00
Note: Cushion reinforcement is required for all thigh supports measuring over 1" in height. Cushion reinforcement will add one day to production time.		

10. Covers

Note: One breathable zip cover included with two front attachment points

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Additional breathable zip cover	RCC-CBZA	\$ 200.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 74.00
<input type="checkbox"/> Two rear attachment points	RCC-RL	No charge
<input type="checkbox"/> Incontinent cover	RCC-IC	\$ 242.00
Note: Only recommended for chronically incontinent clients. This option eliminates breathability of Custom Cushion.		

Continue on page 5

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	\$ 137.00

12. Growth

Item	Part Number	Mfr. SuggRetail Price*
<input type="checkbox"/> Growth Kit Provides for one discounted growth adjustment, including one standard cover, during two year warranty period (normal cost for growth is \$350.00). Width and/or length, and/or height only. Changes in pelvic alignment and body shape can not be accommodated through growth adjustment.	RCC-DGK	\$ 247.00

13. Shape Storage (RCC-SS)

- Maintain cushion mold for fabrication of additional cushions

NOTE: Unless box above is checked, Ride Designs disposes of cushion molds 20 days post receipt of delivery to supplier.

If an additional Custom Cushion or other interface is anticipated, check this box. Ride Designs will extend the storage of the mold for an additional 60 days.

The mold(s) will be discarded at 60 days unless the Provider contacts Customer Service to extend storage time.

14. Shape Check List

Make sure the following elements are visible in the blue foam SIMULATOR:

- Foam remaining between ITs and SIMULATOR SHELL is at least 1", but not greater than 2."
- Imprint depth of at least 1/2" along the full length of thighs.

Total: _____

Special Instructions or Comments

NOTE: May affect price; call to request quote.

We offer a 90 day fit and function guarantee and a two year warranty for all our custom products. Details can be found on our website at www.ridedesigns.com.



Ride Designs®
 a branch of Aspen Seating, LLC

toll-free 866.781.1633 www.ridedesigns.com
 phone 303.781.1633
 fax 303.781.1722