

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.

- Ride Custom Cushion
- Ride Custom Back

Date of shape capture: _____

*Internal management of personal information is HIPAA compliant.

Account # _____
PO # _____
Date _____ SO# _____
SN# _____

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 _____

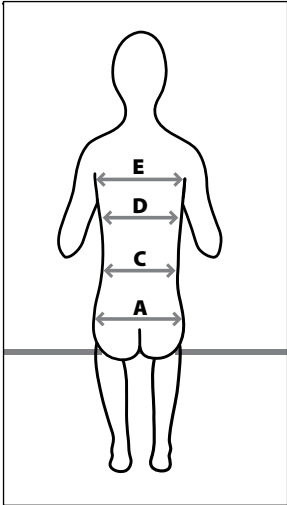
Phone # _____ Email _____

Referral Source

Facility Name _____

Clinician Name _____

Phone # _____ Email _____



2. Client Information

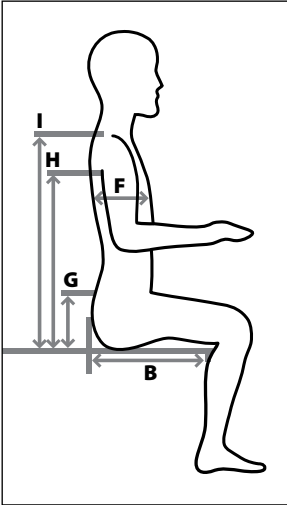
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: M F Diagnosis _____

Height _____ Weight _____

Client Measurements

- | | |
|--|------------------------------|
| 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 _____" | |

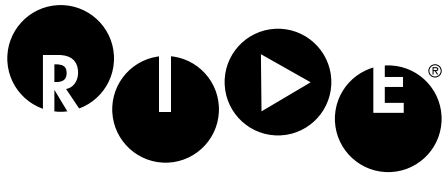


3. Mobility Base Specifications

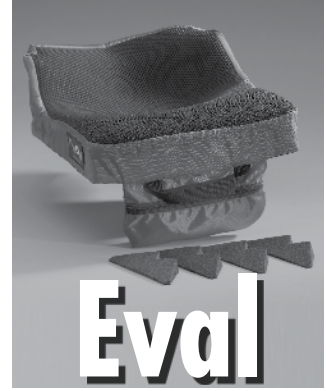
Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"

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



Evaluator-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.

1. Ride Custom Cushion, Evaluator-Based (Model #: RCC100) Medicare HCPCS Code E2609

- Ride Custom Cushion with commode opening and solid seat pan, without CAM hardware or cover (Model #: RCC100)

NOTE: In order to build this cushion to your specifications, we must know which Evaluator tool you used. This order form includes both pediatric and adult contours. **Please select from ONLY the pediatric or adult section below.**

P PEDIATRIC Contour

Please mark which Evaluator tool was used:

- Pediatric Small (10" W x 10" D) Pediatric Large (12" W x 12" D)

Cushion Width (Pediatric sized evaluator based cushion will NOT include CAM hardware.)

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Standard <input type="checkbox"/> 10" <input type="checkbox"/> 11" <input type="checkbox"/> 12" <input type="checkbox"/> 13" <input type="checkbox"/> 14"	RCE-100R	\$ 1480.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCE-CWTW	\$ 130.00

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

OR

A ADULT Contour

Please mark which Evaluator tool was used:

- Adult Small (14" W x 14" D) Adult Medium (16" W x 16" D)
- Adult Large (18" W x 16" D)

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	\$ 1480.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCE-CWTW	\$ 130.00

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.

- Custom Mounting Platform
ABS platform with indexing tabs RCE-CMP \$ 400.00

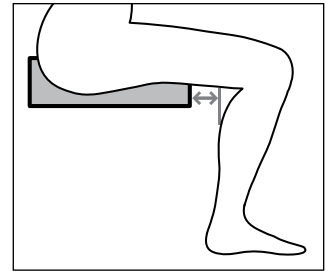


Custom Mounting Platform.

* All prices are in U.S. dollars.

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
Symmetrical Length	RCE-CLSL	No charge
<input type="checkbox"/> Add _____" to EVALUATOR length		
<input type="checkbox"/> Subtract _____" from EVALUATOR length		
Asymmetrical Length		\$ 126.00
LEFT	RCE-CLALL	
<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 _____"

4. Undercut Front Edge

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 1" undercut	RCE-UCT	\$ 68.00

5. 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
Yes	RCE-WYES	\$ 147.00
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		



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	\$ 147.00



7. Orientation of Cushion

Item	Part Number	Mfr. Sugg. Retail Price*
EVALUATOR is wedged up _____"	RCE-WE	\$ 147.00
<input type="checkbox"/> Front <input type="checkbox"/> Back		
<input type="checkbox"/> Left Side <input type="checkbox"/> Right Side		

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"	RCE-MTI	\$ 111.00
Lateral Thigh Support		
LEFT		
<input type="checkbox"/> 0"	RCE-LTOL	Standard
<input type="checkbox"/> ½"	RCE-LTIL-0.5	\$ 111.00
<input type="checkbox"/> 1"	RCE-LTIL-1.0	\$ 111.00
RIGHT		
<input type="checkbox"/> 0"	RCE-LTOR	Standard
<input type="checkbox"/> ½"	RCE-LTIR-0.5	\$ 111.00
<input type="checkbox"/> 1"	RCE-LTIR-1.0	\$ 111.00
<input type="checkbox"/> Front Cushion Reinforcement	RCE-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.

9. Covers

Note: One breathable zip cover included with two rear loops attached to cover

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable zip cover	RCE-CBZA	\$ 200.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCE-SP	\$ 74.00
<input type="checkbox"/> Two additional rear loops	RCC-RL	No charge
<input type="checkbox"/> Incontinent cover	RCE-IC	\$ 242.00

Note: Only recommended for chronically incontinent clients. This option eliminates breathability of Custom Cushion.

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	RCE-EM	\$ 137.00

11. Growth

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit	RCE-DGK	\$ 247.00

Provides for one discounted growth adjustment, including one standard cover, during two year warranty period (normal cost for growth is \$350.00). Width, length and/or increased height. Changes in pelvic alignment and body shape can not be accommodated through growth adjustment.

Special Instructions or Comments

NOTE: May affect price; ask for a quote.



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Total: _____