

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)
Shape provided via impression foam or evaluator cushion

Date of shape capture: _____

*Internal management of personal information is HIPAA compliant.

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

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

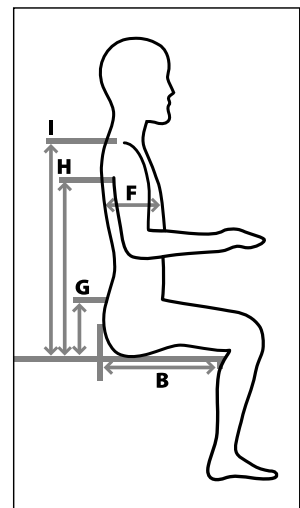
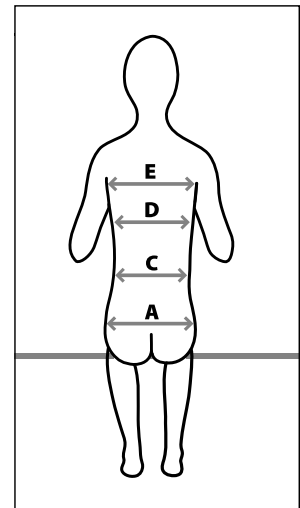
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: M F Diagnosis _____

Height _____ Weight _____

Client Measurements

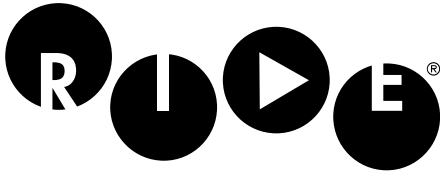
- | | |
|--|------------------------------|
| A. Trochanters _____" | F. A-P Mid-Thorax _____" |
| B. Leg length Left _____" Right _____" | G. Top of Iliac Crest _____" |
| C. Waist _____" | H. Axilla height _____" |
| D. Mid-Thorax _____" | I. Top of shoulder _____" |
| E. Axilla _____" | |



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"



RideWorks™ Custom Cushion Order Form

for Ride® Custom Cushions machine-carved from a RideWorks scanned image

Client First and Last Name _____

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.
Prices effective January 1, 2017.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom Cushion 2 Includes 2 CAM® Wedges Medicare HCPCS Code 2609	RCC200	\$1590.00
<input type="checkbox"/> Ride Custom Cushion 2 with commode opening and solid seat pan without cover	RCC200-C	\$1590.00
<input type="checkbox"/> Original Ride Custom Cushion Brock® bead material, no hardware, includes 2 CAM wedges Medicare HCPCS Code E2609	RCC100	\$1590.00

Shape Capture Process (please check one)

1. Bead Bag. Indicate Shape Capture base size used:

- Small (Blue) Medium (White)
 Large (Red) None

2. Other:

- Impression Foam Simulator
Size: Small Medium Large
 Plaster
 Scan of existing cushion
 Other, please describe _____

Resting Posture of Pelvis in Ride Shape Capture

- Neutral Posterior Anterior

1. Photos and Scan

Using RideWorks? Use RideWorks app to:

- Photograph front and both sides of client during shape capture.
 Photograph captured shape.
 Scan captured shape.
 Take any and all additional photos that may help.

Not using RideWorks? Include:

- Photograph of front and side view of client during shape capture.
 Photograph of captured shape.

RideWorks™ Custom Cushion Order Form

Client First and Last Name _____

2. Cushion/Wheelchair Interface

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Flat Bottom for solid seat		Standard
<input type="checkbox"/> Bevel Cut Modification for sling seat	RCC2BC	\$ 126.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 126.00
<input type="checkbox"/> Custom Mounting Platform (not compatible with bevel cut modification) ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCC-CMP	\$ 400.00

3. Cushion Width (Actual cushion width will be ½" less than specified.)

Item	Part Number	Mfr. Sugg. Retail Price*
Standard <input type="checkbox"/> 10" <input type="checkbox"/> 11" <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"	RCC2-____ (width)	No charge
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCC2-W____ (width)	\$ 130.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$ 130.00

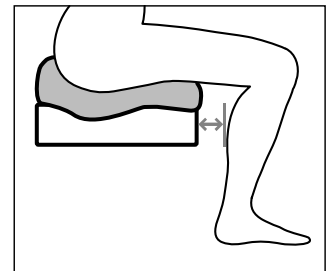
NOTE: Virtually any size cushion can be built. Call for a quote.

4. Cushion Length (IMPORTANT: Specify cushion length relative to front of Shape Capture Base as shown.)

Measure from front of Shape Capture Base to establish cushion length.
Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Equal to Shape Capture Base length	RCC2-CLAC	Standard
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC2-CLSL	No charge
Asymmetrical Length LEFT <input type="checkbox"/> Equal to Shape Capture Base length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length RIGHT <input type="checkbox"/> Equal to Shape Capture Base length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" from Shape Capture Base length	RCC2-CLALL RCC2-CLALR	\$ 126.00

Missed this step? Indicate desired length of cushion on each side L _____" R _____"



5. Modifications

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 1" undercut	RCC-UC1	\$ 68.00
<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 _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 79.00

* All prices are in U.S. dollars.

RideWorks™ Custom Cushion Order Form

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6. Sitting Height

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

7. Cushion Contour

Item	Part Number	Mfr. Sugg. Retail 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, postural control and microclimate.	RCC2-OBP	Standard
<input type="checkbox"/> Reticulated foam well insert kit For gentle support to bony prominences and to maintain a high level of microclimate management. △ ONE SIZE: Must be trimmed in field to fit.	RCC2-WI	\$ 45.00
<input type="checkbox"/> Additional Ride CAM® wedge kit	RCC2-WK	\$ 35.00
<input type="checkbox"/> Full contact Cushion manufactured as captured (compromises air flow and microclimate management at bony prominences). △WARNING: Full contact is not recommended for users at high risk of skin breakdown.	RCC-FC	No charge

8. Thigh/Femoral Support

Item	Part Number	Mfr. Sugg. Retail Price*
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.		
<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 _____" or as marked on Shape Capture Bag	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 _____" or as marked on Shape Capture Bag	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 _____" or as marked on Shape Capture Bag	RCC-LTDR	\$ 111.00
<input type="checkbox"/> Front cushion reinforcement	RCC-CR	\$ 262.00

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9. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> One breathable spacer fabric zip cover included		Standard
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 74.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 137.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM	\$ 149.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 200.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 74.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 137.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM	\$ 149.00
<input type="checkbox"/> Incontinent cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC-IC	\$ 242.00
<input type="checkbox"/> Four point hook and loop attachment (Standard is two point attachment at bottom front of cushion)	RCC-RL	No charge

10. Growth

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit Provides for one growth adjustment, including a new cover, during two year warranty period. Width and/or length, and/or height only. Changes in pelvic alignment and body shape can not be accommodated through growth adjustment. (This option requires shipping cushion to Ride Designs with RA.)	RCC2-DGK	\$ 247.00
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.

* All prices are in U.S. dollars.



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