



NOTE: Itemized order forms are available should that be your preference.

# Ride® Custom AccuSoft® Cushion and Custom Back Bundled Package Order Form

Client's First and Last Name\* \_\_\_\_\_

Ride Custom AccuSoft® Cushion (RCAC-S/RCAC-XS)

Shape provided via:

- RideWorks Scan
- Java® Cushion used as evaluator tool
- Other

Ride Custom Back (RCB200)

Shape provided via:

- RideWorks Scan
- Client measurements and finished product dimensions.

NOTE: Only available with AccuSoft foam liner. See special instructions on page 3.

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

Date of shape capture: \_\_\_\_\_

\*Internal management of personal information is HIPAA compliant.

## General Information

Supplier \_\_\_\_\_

Ride Certified Practitioner 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 \_\_\_\_\_

# Ride® Custom AccuSoft® Cushion and Custom Back Bundled Package

Client First and Last Name \_\_\_\_\_

## 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 \_\_\_\_\_

Does client have:

Current tissue injury? Location \_\_\_\_\_ Stage \_\_\_\_\_

History of tissue injury? Location \_\_\_\_\_ Stage \_\_\_\_\_

## Client Measurements

A. Trochanters \_\_\_\_\_"

B. Leg length L \_\_\_\_\_" R \_\_\_\_\_"

C. Iliac Crest \_\_\_\_\_"

D. Mid-Thorax \_\_\_\_\_"

E. Axilla \_\_\_\_\_"

F. A-P Mid-Thorax \_\_\_\_\_"

G. Top of Iliac Crest L \_\_\_\_\_" R \_\_\_\_\_"

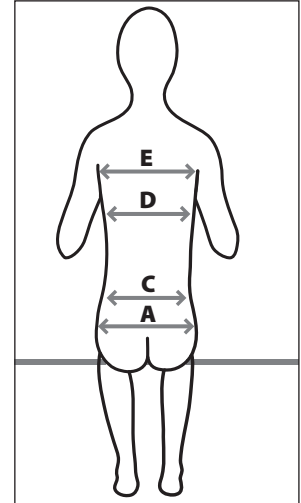
H. Axilla height L \_\_\_\_\_" R \_\_\_\_\_"

I. Top of shoulder L \_\_\_\_\_" R \_\_\_\_\_"

J. Knee to heel \_\_\_\_\_"

K. Top of head \_\_\_\_\_"

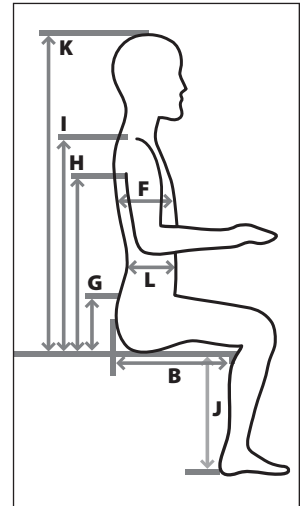
L. A-P abdomen \_\_\_\_\_"



## Mobility Base Specifications

Wheelchair Make \_\_\_\_\_ Model \_\_\_\_\_

Frame Width \_\_\_\_\_" Depth \_\_\_\_\_"

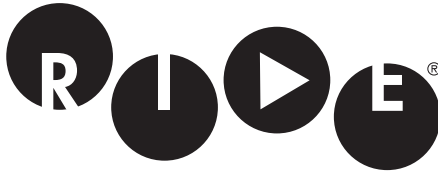


**Ride Designs®**  
a branch of Aspen Seating, LLC



toll-free 866.781.1633  
phone 303.781.1633  
fax 303.781.1722

[www.ridedesigns.com](http://www.ridedesigns.com)



NOTE: Itemized order forms are available should that be your preference.

# Ride® Custom AccuSoft® Cushion Bundled Package Order Form

Client First and Last Name \_\_\_\_\_

Prices effective January 8, 2022.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom AccuSoft Cushion Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:†	RCAC-S-B01	\$2931.00
<input type="checkbox"/> Outer breathable spacer fabric zip cover	RCAC-CBZ	
<input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-IC	
<input type="checkbox"/> Ride Custom AccuSoft Cushion Extra Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:†	RCAC-XS-B01	\$2931.00
<input type="checkbox"/> Outer breathable spacer fabric zip cover	RCAC-CBZ	
<input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-IC	

NOTE: Every cushion comes standard with an inner moisture-resistant cover.

## Shape Capture Process (please check one)

- Bead Bag  
Indicate Shape Capture Base size used:  
 Small (Blue)    Medium (White)  
 Large (Red)    None
- Shape Capture Base is Wedged Up \_\_\_\_\_"  
 Front    Rear  
 Left Side    Right Side  
 Build wedge into cushion per simulation   RCAC-WS   Included in Bundled Price  
 Do not build wedge into cushion

- Scan of existing cushion (insert existing cushion measurements below)  
Length L \_\_\_\_\_" R \_\_\_\_\_"   Rear width \_\_\_\_\_" Front width \_\_\_\_\_"  
Height at the following corners: Front L \_\_\_\_\_" Front R \_\_\_\_\_" Rear L \_\_\_\_\_" Rear R \_\_\_\_\_"  
(Heights are not guaranteed if the cushion being scanned is a discontinued product.)  
  
Is the existing cushion used on a sling seat?    Yes    No  
(If yes, please note the new cushion will be made with a flat bottom. If the cushion being duplicated has a round bottom from use in the sling, this may result in height differences between the existing cushion and new cushion. Add the Bevel Cut option if the new cushion will be used on a sling seat.)

- Java® Cushion used to determine shape and dimensions (see instructions on page 5)

## Resting Posture of Pelvis in Ride Shape Capture

- Neutral    Posterior    Anterior

\* All prices are in U.S. dollars.

† Select one or both.

# Ride® Custom AccuSoft® Cushion Bundled Package Order Form

Client First and Last Name \_\_\_\_\_

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## How to use a Java® Cushion to evaluate Custom AccuSoft Cushion specifications

### Step 1

Sit client on an appropriately-sized Java Cushion.

Size used: Width \_\_\_\_\_" Length \_\_\_\_\_"

### Step 2

Determine targeted cushion width in 1" increments.

Record targeted width in section 3 of the cushion order form.

### Step 3

Determine targeted cushion length relative to the front of the Java Evaluator Cushion.

Measure from the front of the Java Cushion to establish cushion length.

Record targeted cushion length in section 4 of the cushion order form.

### Step 4

Determine if additional lateral pelvic control is needed, adding Ride CAM Wedges to achieve this. Indicate where, and how many, Wedges were used.

The Ride Custom AccuSoft Cushion will be carved to match the contour created by Ride CAM Wedge placement.

No Wedges used

Wedges used on left side

0  1  2

Wedges used on right side

0  1  2

### Step 5

Determine targeted sitting height and record in section 5 of the cushion order form.

Note: the height of the Java Cushion base and foam topper is as low as the Custom AccuSoft Cushion can be made.

### Step 6

Determine whether wedges are needed under the Java Cushion during evaluation to achieve the desired position for correction or accommodation of pelvic/femoral asymmetries.

Record the usage of wedges here and record the targeted height in all four corners. Lateral height can be increased up to 2" from the top of the Java Evaluator Cushion.

Note: If more than 2" of additional lateral height is needed, please utilize Ride shape capture tools to capture and scan the shape.

Wedges used:

Front  Back  Left Side  Right Side

Cushion height at corners:

Front Right \_\_\_\_\_" Front Left \_\_\_\_\_" Rear Right \_\_\_\_\_" Rear Left \_\_\_\_\_"

### Step 7

Determine if additional medial and/or lateral thigh support is necessary in section 7 of the cushion order form.

Lateral height can be increased by up to 2" from the top of the Java Cushion, in 1" increments.

Note: If more than 2" of additional lateral height is needed, please utilize Ride shape capture tools to capture and scan the shape.

### Step 8

Complete the remainder of the order form and email, along with photos of the client in the Java Evaluator Cushion, to: [customerservice@ridedesigns.com](mailto:customerservice@ridedesigns.com).

**Proceed to Page 5  
if a scanned shape  
is being submitted.**

# Ride® Custom AccuSoft® Cushion Bundled Package Order Form

Client First and Last Name \_\_\_\_\_

## 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 both sides of client during shape capture or evaluation in Java Cushion.
- Photograph of captured shape or of Java Cushion once evaluation is complete.

## The Ride Custom AccuSoft Bundled Package includes all of the following options

### Cushion Width (Actual cushion width will be 1/2" less than specified.)

Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number
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"	RCAC-____ (width)
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCAC-W____ (width)
<input type="checkbox"/> Tapered width Back width _____"   Front width _____"	RCAC-CWTW

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

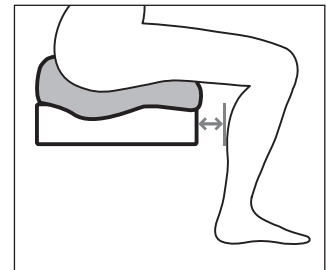
### Cushion Length

(IMPORTANT: Specify cushion length relative to front of Shape Capture Base or Java Evaluator Cushion as shown.)

Measure from front of Shape Capture Base or Java Evaluator Cushion to establish cushion length.

Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number
<input type="checkbox"/> Equal to Shape Capture Base length	RCAC-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCAC-CLSL
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	RCAC-CLALL
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	RCAC-CLALR
Missed this step? Indicate desired length of cushion on each side L _____" R _____"	
<input type="checkbox"/> Undercut Front Edge 1"	RCAC-UC1
<input type="checkbox"/> Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR

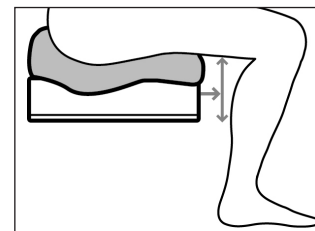


# Ride® Custom AccuSoft® Cushion Bundled Package Order Form

Client First and Last Name \_\_\_\_\_

## Sitting Height

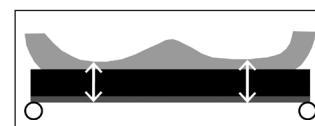
Item	Part Number
<input type="checkbox"/> Targeted final front cushion height (see diagrams at right) Height: L leg _____" R leg _____" <small>NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.</small>	RCAC-SHTH
<input type="checkbox"/> As captured	RCAC-SHAC
<input type="checkbox"/> Increase overall height _____"	RCAC-SHIH
<input type="checkbox"/> As low as possible	RCAC-SHDH



For targeted cushion height: at the projected cushion length, measure from the bottom of the shape capture base or Java Evaluator Cushion up to the underside of the leg with the feet properly positioned on the footplate(s).

## Cushion Contour

Item	Part Number
<b>**NOTE: The Custom AccuSoft Cushion is not a fully off-loading cushion. For highest level of skin protection, we recommend the Ride Custom 2 Cushion.</b>	
<input type="checkbox"/> Ride contour** <small>Cushion is manufactured with Ride's patented mechanism of support which reduces forces at high risk areas and provides slightly greater forces at low risk areas. NOTE: Ride contour is not available with Extra Soft Foam option.</small>	RCAC-RC
<input type="checkbox"/> Reticulated Foam well insert kit <small>For gentle support to bony prominences and to maintain a high level of microclimate management.</small>	RCAC-WI
<input type="checkbox"/> Full contact** <small>Cushion manufactured as captured</small>	RCAC-FC



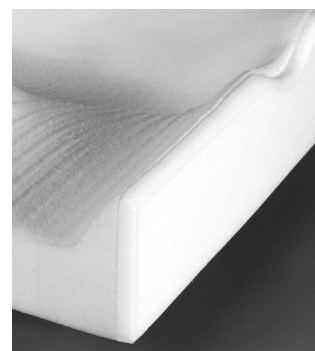
Determine targeted front of cushion height (front view).

## Thigh/Femoral Support

Item	Part Number
<b>Medial Thigh Support</b> If no selection is made, the medial thigh support will be manufactured as captured.	
<input type="checkbox"/> As captured	RCAC-MTAC
<input type="checkbox"/> Eliminate	RCAC-MTE
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-MTI
<input type="checkbox"/> Decrease _____"	RCAC-MTD
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-MTM

### Lateral Thigh Support

<b>LEFT</b>	
<input type="checkbox"/> As captured	RCAC-LTAC
<input type="checkbox"/> Eliminate	RCAC-LTEL
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIL
<input type="checkbox"/> Decrease _____"	RCAC-LTDL
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-LTML
<b>RIGHT</b>	
<input type="checkbox"/> As captured	RCAC-LTAC
<input type="checkbox"/> Eliminate	RCAC-LTER
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR
<input type="checkbox"/> Decrease _____"	RCAC-LTDR
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-LTMR



The Lateral Thigh Support Reinforcement option removes 1/2" of cushion foam from each lateral thigh support. Reinforcement material replaces the foam that was removed, without increasing the overall width of the cushion.

<input type="checkbox"/> Lateral Thigh Support Reinforcement <small>Boosts structural integrity while using forgiving materials that help reduce the risk of injury to skin and soft tissue. (Includes right and left sides.)</small>	RCAC-RL
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# Ride® Custom AccuSoft® Cushion Bundled Package Order Form

Client First and Last Name \_\_\_\_\_

## Cover Modifications

Item	Part Number
<input type="checkbox"/> For the outer breathable spacer fabric zip cover installed on cushion (if selected)	
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2

## Custom AccuSoft Accessories

Item	Part Number
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge (These wedges are loose. To order a built-in wedge, please see pg. 3.)	
<input type="checkbox"/> For 14" / 36cm cushion widths	RCAC-OW-1414
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCAC-OW-1616
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCAC-OW-1816
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCAC-OW-2016
Wedge to be used: (select one)	
<input type="checkbox"/> Outside cover	
<input type="checkbox"/> Inside cover	
If inside cover, thick edge of the wedge to be placed:	
<input type="checkbox"/> Back of cushion	
<input type="checkbox"/> Front of cushion	
<input type="checkbox"/> Left side of cushion	
<input type="checkbox"/> Right side of cushion	
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCAC-WK

## Cushion/Wheelchair Interface Modifications

Item	Part Number
<input type="checkbox"/> Bevel-Cut Modification for sling seat	RCAC-BC

**Ride® Custom AccuSoft® Cushion Bundled Package Order Form**

Client First and Last Name \_\_\_\_\_

**Additional Options**

Price not included in bundled package

**Additional Cushion/Wheelchair Interface Options**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCAC-WC003	\$ 142.00
<input type="checkbox"/> Custom Mounting Platform (not compatible with bevel cut modification or drop seat modification) ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCAC-CMP	\$ 450.00

**Additional Cover Options**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric fabric zip cover	RCAC-CBZA ____ (width)	\$ 226.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$ 86.00**
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$ 156.00**
<input type="checkbox"/> Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	\$ 272.00
<input type="checkbox"/> Additional inner incontinent-resistant cover	RCAC-INICA	\$ 272.00

**Growth**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit Provides for one growth adjustment, including one new inner and one new outer 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 R.A.)	RCAC-DGK	\$ 279.00

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](http://www.ridedesigns.com).

**Total:** \_\_\_\_\_

\* All prices are in U.S. dollars.

\*\* If these modifications were not selected with the included cushion cover, they will be provided at no charge with the additional cushion cover.



**Special Instructions or Comments**

NOTE: May affect price; call to request quote.

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**Pair the Ride Custom AccuSoft Cushion with a Ride Custom Back Support for optimal seating**

Consider Ride Designs’ lightweight, thin-profile, and adjustable Custom Back support for the widest range of seating needs.

**Breathable**

Ultra-breathable 3D mesh liner material, along with a spacer fabric cover, help keep the sitter dry and comfortable in virtually any climate.

**Forgiving**

An optional, soft open-cell polyurethane foam insert is available as an alternative to the ultra-breathable 3D mesh liner.

**Protection and comfort**

Supplementary padding and reliefs improve protection and comfort at sensitive areas.

**Easy to clean and adjust**

Removable and washable cover eases cleaning, maintenance, and adjustments.

**Mounting options**

Strong outer shell provides stability and surfaces for easy mounting of hardware and accessories.

**Growable**

Like the Ride Custom AccuSoft Cushion, the Back can be grown at a fraction of the cost of a new custom system.

More information at [www.ridedesigns.com](http://www.ridedesigns.com)



Ride Custom Back paired with the Ride Custom AccuSoft Cushion.



**Ride Designs®**  
a branch of Aspen Seating, LLC



toll-free 866.781.1633  
phone 303.781.1633  
fax 303.781.1722

[www.ridedesigns.com](http://www.ridedesigns.com)  
[customerservice@riedesigns.com](mailto:customerservice@riedesigns.com)



NOTE: Itemized order forms are available should that be your preference.

# Ride® Custom Back Bundled Package Order Form

Client First and Last Name \_\_\_\_\_

Prices effective January 8, 2024

## ► Shape capture method

### Using RideWorks® app?

Before scanning, on the clear, outer shape capture bag (using a black permanent marker), draw trim lines and marks to draw the back as it should be manufactured, including:

- Arrow pointing upward, indicating top of back
- Soft relief areas to protect bony prominences
- Depth and height of the lateral trunk supports



**Before transferring client from shape capture bag, please complete the following...**

**PHOTOS** of client in shape capture bag:  Front view  Side view

- Included in RideWorks® client files
- Emailed to customerservice@ridedesigns.com, with client name and provider information
- Attached

Trim lines; establish and mark on clear, outer shape capture bag:

- Back height
- Lateral support depth and height
- Iliac crest height

DID YOU SEND PHOTOS?



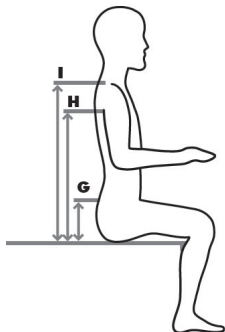
## ► Using client measurements and final product dimensions? (No scan required. Only available with AccuSoft foam liner.)

Please see ordering instructions on page 11. Please skip to page 12 if ordering with a scan of a captured shape.

**Ride® Custom Back Order Form**  
**Client First and Last Name** \_\_\_\_\_

**Ordering with no scan - just client measurements and finished product dimensions.** (Skip to pg 12 if submitting a scan.)

**⚠ Important:** Clients who present with significant postural asymmetries and require substantial support to maintain optimal posture will experience the best outcome with a Ride Custom Back made from a captured shape that is scanned and submitted to Ride.

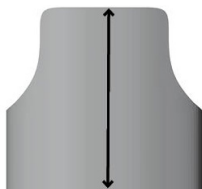


**Step 1 - Client Measurements**

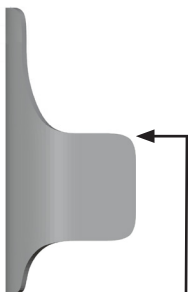
Make sure the following client measurements are provided, either on page 2, or here:

- G. Top of Iliac Crest      L \_\_\_\_\_ "      R \_\_\_\_\_ "
- H. Axilla Height            L \_\_\_\_\_ "      R \_\_\_\_\_ "
- I. Top of Shoulder        L \_\_\_\_\_ "      R \_\_\_\_\_ "

**Step 2 - Desired finished back height \_\_\_\_\_ "**

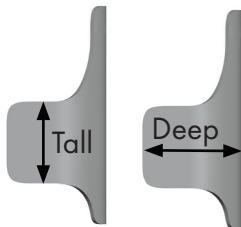


**Step 3 - Desired finished lateral height from seat to top of lateral. (For full-height lateral pads, this number should equal "tall" lateral pad measurement in step 4. )**



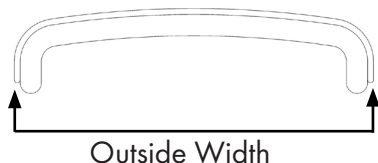
- 3a. Client's left side top of lateral \_\_\_\_\_ "
- 3b. Client's right side top of lateral \_\_\_\_\_ "

**Step 4 - Desired finished lateral pad dimensions (Min. 3" tall.) (Maximum lateral depth, 7". If lateral depth greater than 7" is needed, please capture a shape, scan the shape and submit the scan via the RideWorks app.)**



- 4a. Client left lateral pad \_\_\_\_\_ " tall x \_\_\_\_\_ " deep
- 4b. Client right lateral pad \_\_\_\_\_ " tall x \_\_\_\_\_ " deep

**Step 5 - Desired finished outside back width \_\_\_\_\_ "** (Foam liner will result in inside width being approximately 2" narrower than outside width).



**Ride® Custom Back Bundled Package Order Form**

**Client First and Last Name** \_\_\_\_\_

Item	Part Number	Mfr. Sugg. Retail Price*
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**Ride Custom Back - Bundled**

RCB200 Bundle \$ 3847.00

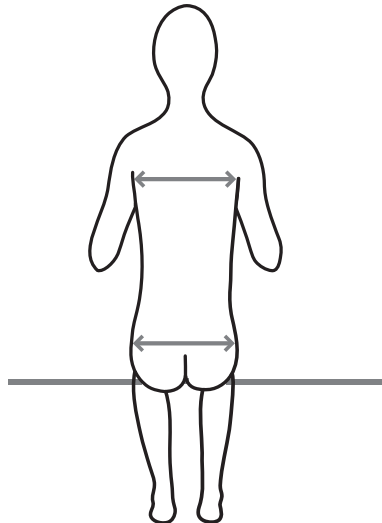
Medicare HCPCS Code E2617  
 Custom contoured seat back shell;  
 choice of 1) ultra-breathable, 3D mesh liner or  
 2) AccuSoft® foam liner; and spacer fabric cover.  
 Note: if AccuSoft foam liner option is selected,  
 Back comes with choice of spacer fabric cover  
 or wipeable, incontinence-proof cover.

**The RCB200 Bundled Package includes all of the following options**

**Ride Custom Back Width**

Item	Part Number
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Find the widest spot on client's body in between axilla and trochanters and provide the measurement \_\_\_\_\_"



- Widest spot is < 20" RCB2-200R
- Widest spot is 21" - 24" RCB2-200W

Pricing for widths greater than 24" will be individually determined and quoted.

Minimum back height requirements for headrest accessory use		
Headrest Type	with Single Hardware	with Double Hardware
None	7"/0.178m	12"/0.330m
Universal Headrest Mounting Plate	11.5"/0.292m	18"/0.457m
Integrated Headrest/Accessories Mount	9.5"/0.241m	15.5"/0.394m

NOTE: Measure back height from top trimline to bottom trimline.

**Ride Custom Back Hardware and Mounting - First Set**

Item	Part Number
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**Ride FlexLoc® Hardware**

NOTE: Sections a, b, and c **MUST** have a selection.

**a. Select Size:**

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil or Quantum requires small FlexLoc mounting hardware with FlexLoc adapter plates from Ride Designs, Direct Backrest Frame from Permobil or aftermarket back interface from Quantum.

\*WARNING! Two (2) sets of FlexLoc hardware are required if the client presents with any of the following:

- Weight exceeds 250 pounds
- Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

First Set of Hardware (First set is included in the bundled price. If two sets of hardware are needed, select the second set on page 14.)

- |  |             |
|--|-------------|
| <input type="checkbox"/> Small, mounting distance 10 - 14"   | RCB2-FL-MS  |
| <input type="checkbox"/> Medium, mounting distance 15 - 18"  | RCB2-FL-MM  |
| <input type="checkbox"/> Large, mounting distance 19 - 21"   | RCB2-FL-ML  |
| <input type="checkbox"/> X-Large, mounting distance 22 - 24" | RCB2-FL-MX  |
| <input type="checkbox"/> Omit hardware                       | RCB2-200R-0 |

**b. Select Mounting for first set of hardware:**

- |  |             |
|--|-------------|
| <input type="checkbox"/> Clamp Mount for round back canes  | RCB2-FL-MCI |
| <input type="checkbox"/> Quickie Sedeo Pro Interface Bracket<br>Mounts RCB200 to Quickie Sedeo Pro Power Seating System.   | RCB2-QSIB   |
| <ul style="list-style-type: none"> <li>• Not compatible with Quickie Sedeo Pro Advanced.</li> <li>• Not compatible with tilt-only Sedeo Pro Seating System. <i>Call for mounting options for tilt-only.</i></li> <li>• Available as a single-mount option. <i>Call for options if double hardware is needed on a Sedeo Pro seating system.</i></li> <li>• Order small FlexLoc hardware for use with this option.</li> <li>• This option replaces cane clamps.</li> </ul> |             |

- |   |                |
|---|----------------|
| <input type="checkbox"/> FlexLoc Adapter Plate<br>For mounting to wheelchairs without round back canes, e.g. Permobil 3G, Invacare Tilt and Recline, or general surface mounting to existing back pans. This option replaces cane clamps. | RCB2-FL-MCI-P1 |
|---|----------------|

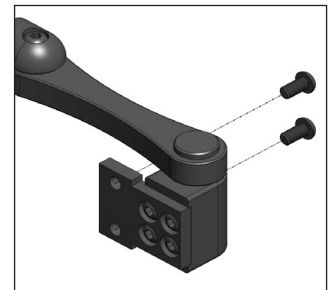
**c. Select Attachment for first set of hardware:**

- |  |             |
|--|-------------|
| <input type="checkbox"/> Fixed, non-removeable | RCB2-FL-FMI |
| <input type="checkbox"/> Quick Release Option  | RCB2-FL-QR  |

NOTE: The Ride FlexLoc Mount can be interfaced with most any wheelchair configuration. Contact Ride Designs for a solution to your mounting challenge.



Ride FlexLoc Hardware



Adapter Plate



Quick Release Option

# Ride® Custom Back Bundled Package Order Form

Client First and Last Name \_\_\_\_\_

## Foam Options

Item	Part Number
<input type="checkbox"/> Ultra-breathable 3D mesh liner (Available with a scanned shape only)	RCB2-SML
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB2-FS
For AccuSoft foam liner option, select one cover:	
<input type="checkbox"/> Spacer fabric cover	RCB2-SFC
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only)	RCB2-IC



Ultra-breathable foam liner

## Supplementary Padding, Reliefs, Dimensions

Item	Part Number
<input type="checkbox"/> Soft Fit (for use with ultra-breathable 3D mesh liner option only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by ½" and may result in compromise of postural correction.	RCB2-SF
<input type="checkbox"/> Complete back (including laterals)	
<input type="checkbox"/> Center only (excludes laterals)	



AccuSoft foam liner

### Extended depth lateral thoracic support

<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-R
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	
<input type="checkbox"/> Enhanced relief Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes. — Draw desired location(s) and shape of relief on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-ERFP

### Extended height lateral thoracic support

<input type="checkbox"/> Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R

### Extended back height

<input type="checkbox"/> Extend back height _____" above reference line.	RCB2-EBH
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	

# Ride® Custom Back Bundled Package Order Form

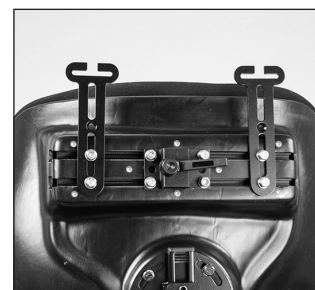
Client First and Last Name \_\_\_\_\_

## Accessories

Item	Part Number
<input type="checkbox"/> Universal headrest mounting plate, installed Note: Will be installed midline, top of back, unless otherwise marked on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-UHMP
<input type="checkbox"/> Integrated headrest/accessories mount Note: May be mounted to FlexLoc vertical track if back height is not sufficient for an integrated mount.	RCB2-AM
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB2-SHG
<input type="checkbox"/> Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-SHGI



Universal Headrest Mounting Plate.



Integrated Headrest/Accessories Mount with Shoulder Harness Guides and headrest mount installed.

## Additional Options

Price not included in bundled package

## Additional Hardware and Mounting Options

Item	Part Number	Mfr. Sugg. Retail Price*
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### Ride FlexLoc® Hardware - Second Set

#### a. Select Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil or Quantum requires small FlexLoc mounting hardware with FlexLoc adapter plates from Ride Designs, Direct Backrest Frame from Permobil or aftermarket back interface from Quantum.

\*WARNING! Two (2) sets of FlexLoc hardware are required if the client presents with any of the following:

- Weight exceeds 250 pounds
- Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

<input type="checkbox"/> Second Set of FlexLoc Hardware		
<input type="checkbox"/> Small, mounting distance 10 - 14"	RCB2-FL-MS	\$ 590.00
<input type="checkbox"/> Medium, mounting distance 15 - 18"	RCB2-FL-MM	\$ 590.00
<input type="checkbox"/> Large, mounting distance 19 - 21"	RCB2-FL-ML	\$ 590.00
<input type="checkbox"/> X-Large, mounting distance 22 - 24"	RCB2-FL-MX	\$ 590.00

#### b. Select Mounting for second set of hardware:

<input type="checkbox"/> Clamp Mount for round back canes	RCB2-FL-MCI	\$ 0.00
<input type="checkbox"/> Additional Mounting Clamps (pair) NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.	RCB2-FL-MC	\$ 238.00
<input type="checkbox"/> FlexLoc Adapter Plate For mounting to wheelchairs without round back canes, e.g. Permobil 3G, Invacare Tilt and Recline, or general surface mounting to existing back pans. This option replaces Cane Clamps.	RCB2-FL-MCI-PT	\$ 238.00

#### c. Select Attachment type for second set of hardware:

<input type="checkbox"/> Fixed, non-removable	RCB2-FL-FMI	\$ 0.00
<input type="checkbox"/> Quick Release Option	RCB2-FL-QR	\$ 97.00

**PHOTOS??**  
JUST CHECKING.

\* All prices are in U.S. dollars.

# Ride® Custom Back Bundled Package Order Form

Client First and Last Name \_\_\_\_\_

## Additional Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
Axillary support pad Typically used for distribution of corrective forces near the axilla on concave side of scoliosis.		
<input type="checkbox"/> Left	RCB2-ASP-L	\$ 207.00
<input type="checkbox"/> Right	RCB2-ASP-R	\$ 207.00
<input type="checkbox"/> Vertical back reinforcement	RCB2-RBS	\$ 332.00
<input type="checkbox"/> Reinforced lateral thoracic supports	RCB2-RLTS	\$ 450.00

Note: No longer required for lateral supports more than 6" deep. It is not possible to adjust lateral width on the RCB200 by bending the lateral reinforcement. Modifications to lateral support width must be made by heating the RCB200 shell.

## Additional accessories

Item	Part Number	Mfr. Sugg. Retail Price*
<b>Privacy flap</b> Covers gap between cushion and back support.		
<b>Size</b>		
<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB2-PFS	\$ 155.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	\$ 155.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB2-PFL	\$ 155.00



Privacy flap covers the space between the cushion and back support.

### Abdominal support panel

Instructions:

1. Before removing client from back shape capture bag, mark height of each ASIS on clear, outer bag.
2. Measure up from this mark to establish desired height of abdominal panel needed.
3. Ride Designs will install the abdominal panel for you to meet these specifications.

**Size**

- |   |           |           |
|---|-----------|-----------|
| <input type="checkbox"/> Small — height 4" (two straps)<br>Measurement around abdomen _____"    | RCB2-AP-4 | \$ 408.00 |
| <input type="checkbox"/> Medium — height 6" (three straps)<br>Measurement around abdomen _____" | RCB2-AP-6 | \$ 408.00 |
| <input type="checkbox"/> Large — height 8" (three straps)<br>Measurement around abdomen _____"  | RCB2-AP-8 | \$ 408.00 |



Abdominal Support Panel.



