



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

Ride® Custom Cushion 2 and Custom Back Bundled Package Order Form

Client's First and Last Name* _____

☐ Ride Custom 2 Cushion (RCC200)

Shape provided via:

- ☐ RideWorks® Scan
☐ Scan of Existing Cushion

☐ 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 2 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 _____

Client Measurements

A. Trochanters _____"

B. Leg length Left _____" Right _____"

C. Iliac Crest _____"

D. Mid-Thorax _____"

E. Axilla _____"

F. A-P Mid-Thorax _____"

G. Top of Iliac Crest L _____" R _____"

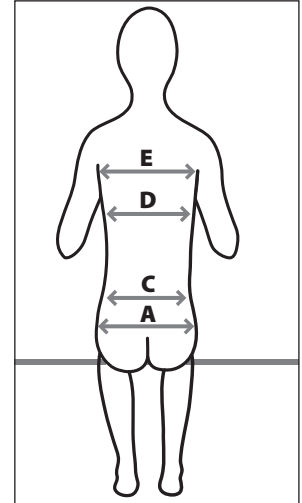
H. Axilla height L _____" R _____"

I. Top of shoulder L _____" R _____"

J. Knee to heel _____"

K. Top of head _____"

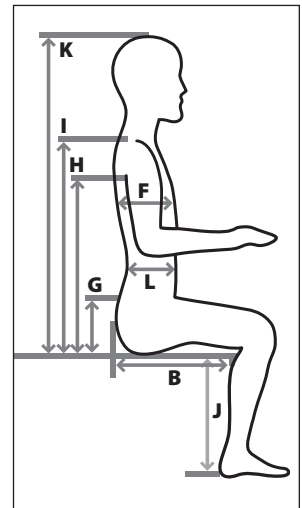
L. A-P abdomen _____"



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



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

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Prices effective January 8, 2024

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom 2 Cushion - Bundled Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200-B01	\$2917.00

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 RCC2-WS \$ 166.00
☐ 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 _____"
Is the existing cushion used on a sling seat?
☐ Yes ☐ No

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.

Page 3

Continue on page 4

* All prices are in U.S. dollars.

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

The RCC200-B01 Bundled Package includes all of the following options

Foam Options

Item	Part Number
<input type="checkbox"/> Standard Foam (max. weight 250 lbs.)	RCC2-SF
<input type="checkbox"/> Firm Foam (max. weight 300 lbs.)	RCC2-FF
<input type="checkbox"/> Standard Foam with front cushion reinforcement	RCC2-SF-CR
<input type="checkbox"/> Firm Foam with front cushion reinforcement	RCC2-FF-CR

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

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" RCC2-____ (width)	
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24" (width)	RCC2-W____
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC2-CWTW

NOTE: For cushion widths greater than 24," please call for a quote.

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

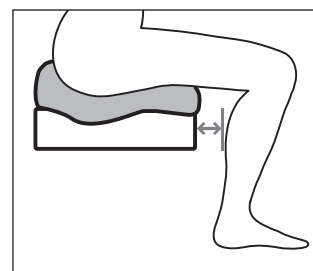
Measure from front of Shape Capture Base to establish cushion length.

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

Item	Part Number
<input type="checkbox"/> Equal to Shape Capture Base length	RCC2-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC2-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	RCC2-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	RCC2-CLALR

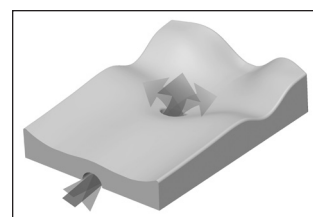
Missed this step? Indicate desired length

of cushion on each side L _____" R _____"



Modifications

Item	Part Number
<input type="checkbox"/> 1" undercut	RCC2-UC1
<input type="checkbox"/> Ventilation channel	RCC2-VC
<input type="checkbox"/> Bevel Cut Modification for sling seat	RCC2-BC



Custom ventilation channel helps manage heat and moisture.

Page 4

Continue on page 5

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Sitting Height

Targeted final front cushion height (see diagrams at right)

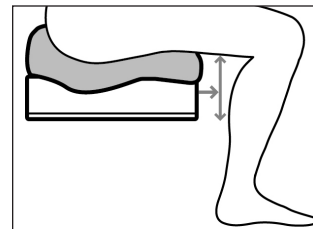
Height: L leg _____" R leg _____"

NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.

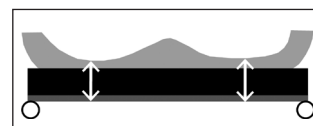
Item	Part Number
<input type="checkbox"/> As captured	RCC2-SHAC
<input type="checkbox"/> Increase overall height _____"	RCC2-SHIH
<input type="checkbox"/> As low as possible	RCC2-SHDH

Cushion Contour

Item	Part Number
<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
<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. Not compatible with Full Contact Option	RCC2-WI
<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.	RCC2-FC



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



Determine targeted front of cushion height (front view).

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Thigh/Femoral Support

Item	Part Number
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.	
<input type="checkbox"/> As captured	RCC2-MTAC
<input type="checkbox"/> Eliminate	RCC2-MTE
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-MTI
<input type="checkbox"/> Decrease _____"	RCC2-MTD
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-MTM

Lateral Thigh Support

LEFT

<input type="checkbox"/> As captured	RCC2-LTAC
<input type="checkbox"/> Eliminate	RCC2-LTEL
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-LTIL
<input type="checkbox"/> Decrease _____"	RCC2-LTDL
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-LTML

RIGHT

<input type="checkbox"/> As captured	RCC2-LTAC
<input type="checkbox"/> Eliminate	RCC2-LTER
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-LTIR
<input type="checkbox"/> Decrease _____"	RCC2-LTDR
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-LTMR

Covers

Item	Part Number
<input type="checkbox"/> One breathable spacer fabric zip cover included	
<input type="checkbox"/> Spandex layer over spacer fabric	RCC2-SP
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC2-EM2

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Custom Cushion Accessories/Items

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	RCC2-OW-1414
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCC2-OW-1616
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCC2-OW-1816
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCC2-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**	RCC2-WK

Additional Options

Price not included in bundled package

Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC2-WC003	\$ 142.00
<input type="checkbox"/> Custom Mounting Platform ABS platform with indexing tabs to ensure correct placement of cushion on seat (not compatible with bevel cut or drop seat modification)	RCC2-CMP	\$ 450.00

Cushion Modification Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC2-WCFR	\$ 91.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA _____ (width)	\$ 226.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC2-SP	\$ 86.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC2-EM2	\$ 156.00
<input type="checkbox"/> Outer incontinent resistant cover	RCC2-IC	\$ 272.00
<input type="checkbox"/> Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC2-INICA	\$ 272.00

Ride® Custom 2 Cushion Bundled Package Order Form
Client First and Last Name _____

Additional Options (continued)
Price not included in bundled package

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	\$ 279.00

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.

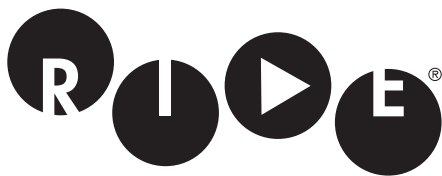


Ride Designs®
a branch of Aspen Seating, LLC



toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1633

www.ridedesigns.com
customerservice@ridedesigns.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

► 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?



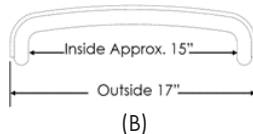
► Using client measurements and final product dimensions? (No scan required. Only available with AccuSoft foam liner.)

1. Go back to page 2 and confirm the following required client measurements have been provided: G; H; I.

2. Provide the following desired dimensions of the finished Ride Custom Back:

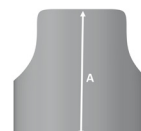
☐ Finished back height (A) _____"

☐ Finished back width from outside R lateral to outside L lateral (B) _____" NOTE: Client using the Ride Custom Back will compress the foam approximately 1/4" to 3/8" inside each lateral (see illustrated example below)



☐ Finished lateral height (C) L _____" R _____"

☐ Finished lateral depth (D) L _____" R _____"



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.

Ride® Custom Back Bundled Package Order Form

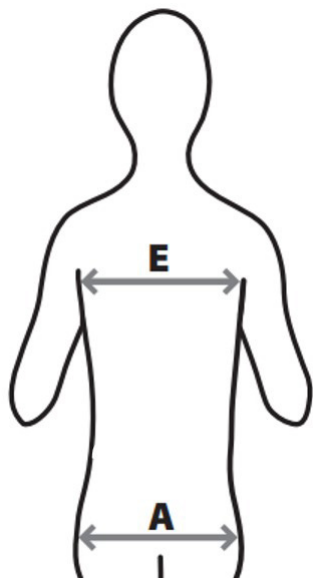
Client First and Last Name _____

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom Back - Bundled Medicare HCPCS Code E2617 Custom contoured seat back shell; choice of 1) ultra-breathable, 3D mesh liner or 2) AccuSoft™ foam liner; and removable, washable spacer fabric cover. Note: if AccuSoft foam liner option is selected, Back comes with choice of removable, washable spacer fabric cover or removable, wipeable, incontinence-proof cover.	RCB200 Bundle	\$ 3847.00

The RCB200 Bundled Package includes all of the following options

Ride Custom Back Width

Item	Part Number
Provide width measurement at widest spot between Axilla (E) and Trochanters (A) _____"	



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.		

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

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

* All prices are in U.S. dollars.

Ride Custom Back Hardware and Mounting - First Set

Item	Part Number
------	-------------

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 hardware with Ride FlexLoc Adapter Plates and Direct Backrest Frame for 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 13.)

- | | |
|--|-------------|
| <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
Mounts RCB200 to Quickie Sedeo Pro Power Seating System. NOTE: Not compatible with Quickie Sedeo Pro Advanced. Order small FlexLoc hardware for use with this option. This option replaces cane clamps. | RCB2-QSIB |
| <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-P1 |

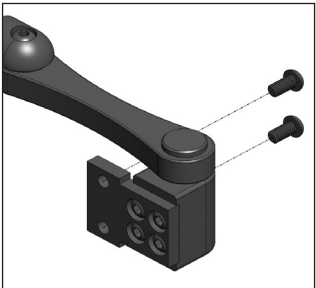
c. Select Attachment for first set of hardware:

- | | |
|--|-------------|
| <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 on RCB200



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 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

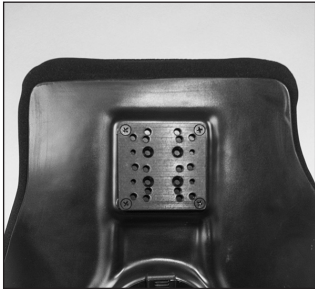
<input type="checkbox"/> Extend back height _____" above reference line.	RCB2-EBH
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	

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



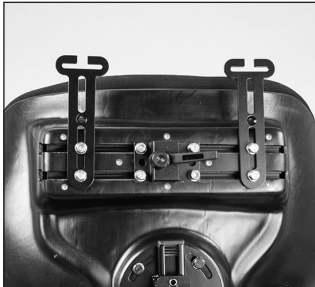
Universal Headrest Mounting Plate.

Additional Options

Price not included in bundled package

Additional Hardware and Mounting Options

Item	Part Number	Mfr. Sugg. Retail Price*
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 hardware with Ride FlexLoc Adapter Plates and Direct Backrest Frame for 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:		
<ul style="list-style-type: none">• 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	\$ 561.00
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-P1	\$ 0.00
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



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

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"/> External 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*
Privacy flap Covers gap between cushion and back support.		
Size		
<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) Measurement around abdomen _____"	RCB2-AP-4	\$ 408.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB2-AP-6	\$ 408.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB2-AP-8	\$ 408.00



Abdominal Support Panel.

Client First and Last Name _____

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB2-SFCA	\$ 384.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB2-ICA	\$ 384.00

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 height only. Changes in spinal alignment and body shape can not be accommodated through growth adjustment.	RCB2-DGK	\$ 512.00

Total: _____

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.

PHOTOS??
THEY MUST BE
HERE SOMEWHERE.



Ride Designs®
a branch of Aspen Seating, LLC



toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@ridedesigns.com