



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

Ride® Custom Systems Face Sheet :~) Bundled Package Order Form

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 2 Cushion (RCC200)
Shape provided via:
 - RideWorks® Scan
 - Impression Foam
 - Evaluator Cushion
- Ride Custom AccuSoft™ Cushion (RCAC-S/RCAC-XS)
Shape provided via:
 - RideWorks Scan
 - Impression Foam
 - Evaluator Cushion
- Ride Custom Back (RCB100)
Shape provided via:
 - RideWorks Scan
 - Plaster Cast

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

Ride® Custom Systems Face Sheet

Client First and Last Name _____

Client Information

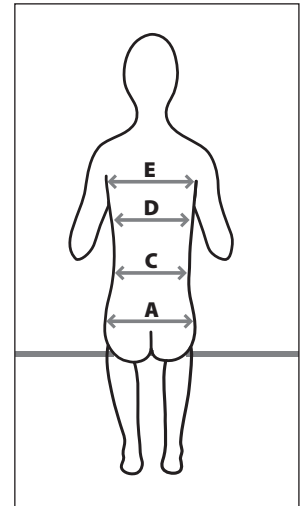
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: M F Diagnosis _____

Height _____ Weight _____

Client Measurements

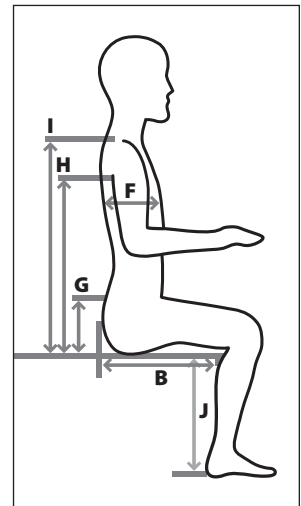
- | | |
|--|------------------------------|
| A. Trochanters _____" | F. A-P Mid-Thorax _____" |
| B. Leg length Left _____" Right _____" | G. Top of Iliac Crest _____" |
| C. Waist _____" | H. Axilla height _____" |
| D. Mid-Thorax _____" | I. Top of shoulder _____" |
| E. Axilla _____" | J. Knee to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



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"



Ride Designs®
a branch of Aspen Seating, LLC

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phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com

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 1/2" 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"	RCC2-W____ (width)
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW

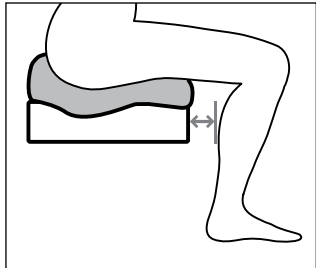
NOTE: For cushion widths greater than 24," please call for a quote.

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	RCC-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-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	RCC-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	RCC-CLALR

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



Modifications

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



Custom ventilation channel helps manage heat and moisture.

Sitting Height

Targeted final front cushion height (see diagrams at right)

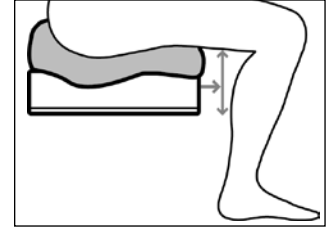
Height: L leg _____" R leg _____"

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	RCC-SHAC
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH
<input type="checkbox"/> As low as possible	RCC-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.	RCC-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).

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	RCC-MTAC
<input type="checkbox"/> Eliminate	RCC-MTE
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-MTI
<input type="checkbox"/> Decrease _____"	RCC-MTD
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-MTM

Lateral Thigh Support

LEFT

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

RIGHT

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

Covers

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

Custom Cushion Accessories/Items

Item	Part Number
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCC-WK
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge	
<input type="checkbox"/> For 14" / 36cm cushion widths	OW-1414
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	OW-1616
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	OW-1816
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	OW-2016

Wedge to be used: (select one)

- Outside cover
- Inside cover

If inside cover, thick edge of the wedge to be placed:

- Back of cushion
- Front of cushion
- Left side of cushion
- Right side of cushion

Additional Options

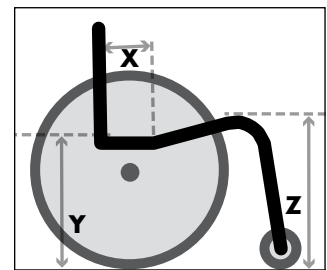
Price not included in bundled package

Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 128.00
<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	\$ 406.00
<input type="checkbox"/> Ergo frame: provide measurement "X" ____ (see illustration at right) "Y" Rear seat to floor height ____ "Z" Front seat to floor height ____	RCC2-ERGO	\$ 127.00

Cushion Modification Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Cross brace notches L _____" R _____" (as measured from front of back canes to center of cross-brace)	RCC-WC003CB	\$ 81.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 81.00



Ergo frame measurement needed.

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 203.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 76.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 140.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit	RCC-EM3	\$ 152.00
<input type="checkbox"/> Outer incontinent resistant cover	RCC2-IC	\$ 256.00
<input type="checkbox"/> Inner incontinent resistant cover	RCC-INICA	\$ 256.00

Note: Only recommended for chronically incontinent clients.
Does not replace spacer fabric outer cover.

* All prices are in U.S. dollars.

** One size fits all. Trim in field for correct fit.

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	\$ 251.00

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.

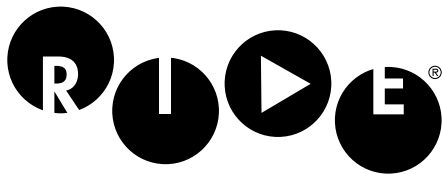
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NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.
Prices effective January 1, 2021.

► 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**



Using plaster instead of RideWorks app?

Before shipping cast, allow to DRY for 48 hours, and complete the following:

- Face sheet
- Order form (enclose one copy of each in box with cast)

Mark cast with following information:

- Trim lines
- Arrow pointing upward indicating top of back
- Vertical line at approximate midline of wheelchair. Note: This may differ from client midline in the presence of severe postural asymmetry.
- Client first name and last initial (name should exactly match name on order form face sheet)
- Date
- Supplier/Vendor
- Supplier/Vendor representative name
- Therapist name

NOTE: Do not ship cast in a plastic bag.

If plaster is sent to Ride Designs, a RideWorks scanning fee of \$275.00* will apply.

DID YOU SEND
PHOTOS?

► 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

* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$406.00) are required if laterals are over 6" deep.

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 Includes custom ventilated contoured seat back shell; choice of 1) original breathable composite foam, or 2) soft, open-cell polyurethane foam interface insert. Note: if soft foam option is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB100-B01	\$ 3486.00
Did you send a plaster back shape? <input type="checkbox"/> RideWorks Scanning Fee (price not included in bundled package)	RCB-FEE	\$ 275.00

The RCB100-B01 Bundled Package includes all of the following options

Ride Custom Back Width

Item	Part Number
<input type="checkbox"/> Trochanter width < 20"	RCB-100R
<input type="checkbox"/> Trochanter width 21" - 24"	RCB-100W

For trochanter widths greater than 24", please call for quote

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
Stealth	8.5"/0.216m	15"/0.381m

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

* All prices are in U.S. dollars.

Ride Custom Back Single Set Hardware and Mounting

Item	Part Number
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Ride FlexLoc® Hardware

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

a. Select Size and Quantity:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Permobil® and Quantum® aftermarket back interfaces require small mounting hardware with the FlexLoc Adapter Plate for Permobil, and cane clamps for 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.

Single Set of Hardware (Select double hardware on page 7.)

- | | |
|--|------------|
| <input type="checkbox"/> Small, mounting distance 10 - 14" | FL-MS |
| <input type="checkbox"/> Medium, mounting distance 15 - 18" | FL-MM |
| <input type="checkbox"/> Large, mounting distance 19 - 21" | FL-ML |
| <input type="checkbox"/> X-Large, mounting distance 22 - 24" | FL-MX |
| <input type="checkbox"/> Omit hardware | RCB-100R-0 |

b. Select Mounting:

- | | |
|---|-----------|
| <input type="checkbox"/> Clamp Mount for round back canes | FL-MCI |
| <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. | FL-MCI-P1 |

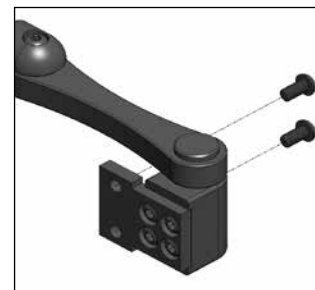
c. Select Attachment:

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



Fixed Ride FlexLoc Mount



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"/> Original firm, breathable composite foam liner	RCB-FB
<input type="checkbox"/> Soft, open-cell polyurethane foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB-FS
For soft foam option, select one cover:	
<input type="checkbox"/> Spacer fabric cover	RCB-SFC
<input type="checkbox"/> Wipeable, incontinence-proof cover (Not available with Original foam liner option)	RCB-IC

Supplementary Padding, Reliefs, Dimensions

Item	Part Number
<input type="checkbox"/> Soft Fit (for use with original composite foam 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.	RCB-SF
<input type="checkbox"/> Complete back (including laterals)	
<input type="checkbox"/> Center only (excludes laterals)	
Extended depth lateral thoracic support**	
<input type="checkbox"/> Extend LEFT lateral thoracic support _____ " forward of reference line.	RCB-EDLTS-L
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____ " forward of reference line.	RCB-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.	RCB-ERFP
— Draw desired location(s) and shape of relief on clear, outer shape capture bag, or on cast if not using RideWorks.	
Extended height lateral thoracic support	
<input type="checkbox"/> Increase LEFT lateral thoracic support _____ " above reference line.	RCB-EHLTS-L
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____ " above reference line.	RCB-EHLTS-R
Extended back height	
<input type="checkbox"/> Extend back height _____ " above reference line.	RCB-EBH
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	

** External stainless steel reinforced lateral supports (RCB-RLTS, \$406.00) are required if laterals are over 6" deep.

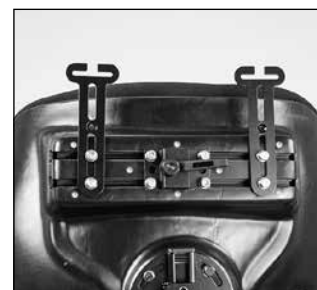
Ride® Custom Back Bundled Package Order Form
Client First and Last Name _____

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.	RCB-UHMP
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-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.	RCB-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

a. Select Size and Quantity:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Permobil® and Quantum® aftermarket back interfaces require small mounting hardware with the FlexLoc Adapter Plate for Permobil, and cane clamps for 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"/> Additional Set of FlexLoc Hardware		
<input type="checkbox"/> Small, mounting distance 10 - 14"	FL-MS	\$ 533.00
<input type="checkbox"/> Medium, mounting distance 15 - 18"	FL-MM	\$ 533.00
<input type="checkbox"/> Large, mounting distance 19 - 21"	FL-ML	\$ 533.00
<input type="checkbox"/> X-Large, mounting distance 22 - 24"	FL-MX	\$ 533.00
<input type="checkbox"/> Additional Mounting Clamps (pair) NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.	FL-MC	\$ 214.00
<input type="checkbox"/> Additional 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.	FL-MCI-P1	\$ 0.00

b. Select Attachment type for additional set of hardware:

<input type="checkbox"/> Fixed, non-removable	FL-FMI	\$ 0.00
<input type="checkbox"/> Quick Release Option	FL-QR	\$ 87.00

PHOTOS??
JUST CHECKING.

* All prices are in U.S. dollars.

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	RCB-ASP-L	\$ 187.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 187.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 300.00
<input type="checkbox"/> External stainless steel reinforced lateral thoracic supports	RCB-RLTS	\$ 406.00

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"	RCB-PFS	\$ 139.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 139.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 139.00



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 _____"	RCB-AP-4	\$ 368.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 368.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 368.00



Abdominal Support Panel.

