



## Ride® Custom 2 Cushion Order Form

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

Ride Custom 2 Cushion (RCC200)

Shape provided via:

RideWorks® Scan

Other \_\_\_\_\_

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

\*Internal management of personal information is HIPAA compliant.

Account # \_\_\_\_\_

PO # \_\_\_\_\_

Date \_\_\_\_\_ SO# \_\_\_\_\_

SN# \_\_\_\_\_

### 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. Therefore we will not drop ship to end users.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Referral Source**

Facility Name \_\_\_\_\_

Clinician Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

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

Does client have:

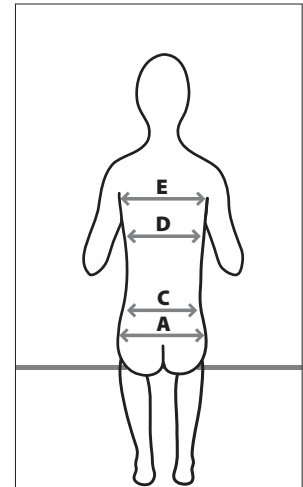
Current tissue injury? Location \_\_\_\_\_ Stage \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_

### Client Measurements

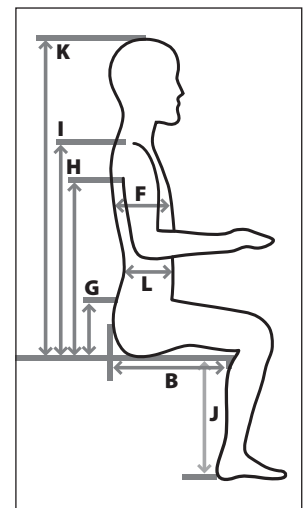
- |                                 |   |
|---------------------------------|---|
| A. Trochanters _____"           | G. Top of Iliac Crest L _____" R _____" |
| B. Leg length L _____" R _____" | H. Axilla height L _____" R _____"      |
| C. Iliac Crest _____"           | I. Top of shoulder L _____" R _____"    |
| D. Mid-Thorax _____"            | J. Knee to heel _____"                  |
| E. Axilla _____"                | K. Top of head _____"                   |
| F. A-P Mid-Thorax _____"        | L. A-P abdomen _____"                   |



## Mobility Base Specifications

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

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





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Prices effective January 8, 2024.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom 2 Cushion Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200	\$1782.00
<input type="checkbox"/> Ride Custom 2 Cushion with commode opening and solid seat pan without cover	RCC200-C	\$1782.00

## 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 \_\_\_\_\_"  
(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 rounded 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.)

## 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 both sides of client during shape capture.
- Photograph of captured shape.

**Page 3**

Continue on page 4

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

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## 2. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Standard Foam (max. weight 250 lbs.)	RCC2-SF	Standard
<input type="checkbox"/> Firm Foam (max. weight 300 lbs.)	RCC2-FF	\$ 125.00
<input type="checkbox"/> Standard Foam with front cushion reinforcement	RCC2-SF-CR	\$ 296.00
<input type="checkbox"/> Firm Foam with front cushion reinforcement	RCC2-FF-CR	\$ 445.00

## 3. Cushion/Wheelchair Interface (Flat bottom for solid seat is standard.)

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Bevel Cut Modification for sling seat	RCC2-BC	\$ 142.00
<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 modification or drop seat modification)	RCC2-CMP	\$ 450.00

## 4. 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	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" (width) <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"	RCC2-____	No charge
Extra large width: (The selection of Firm Foam RCC2-FF is strongly recommended) <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24" (width)	RCC2-W____	\$ 147.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC2-CWTW	\$ 147.00

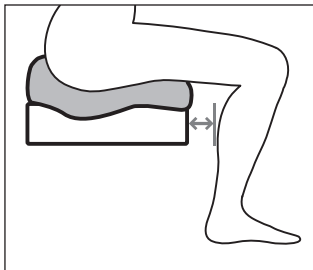
**NOTE: For cushion widths greater than 24," please call for a quote.**

## 5. 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	RCC2-CLALL	\$ 142.00
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	

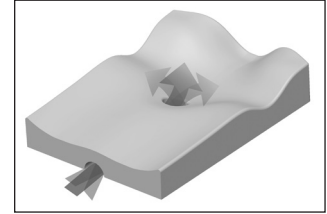


Missed this step? Indicate desired length of cushion on each side L \_\_\_\_\_" R \_\_\_\_\_"

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

**6. Modifications**

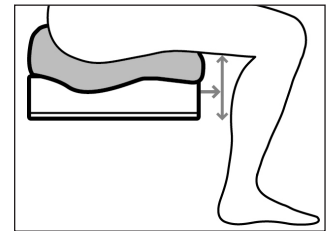
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 1" undercut	RCC2-UC1	\$ 79.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC2-WCFR	\$ 91.00
<input type="checkbox"/> Ventilation channel	RCC2-VC	\$ 167.00



Custom ventilation channel helps manage heat and moisture.

**7. Sitting Height**

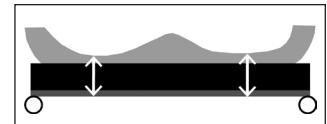
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Targeted final front cushion height (see diagrams at right) Height: L leg _____ " R leg _____ " NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.	RCC2-SHTH	No charge
<input type="checkbox"/> As captured	RCC2-SHAC	Standard
<input type="checkbox"/> Increase overall height _____ "	RCC2-SHIH	\$ 166.00
<input type="checkbox"/> As low as possible	RCC2-SHDH	\$ 166.00



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).

**8. 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	\$ 52.00
<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.	RCC2-FC	No charge



Determine targeted front of cushion height (front view).

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**9. Thigh/Femoral Support**

Item	Part Number	Mfr. Sugg. Retail Price*
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**Medial Thigh Support** If no selection is made, the medial thigh support will be manufactured as captured.

<input type="checkbox"/> As captured	RCC2-MTAC	Standard
<input type="checkbox"/> Eliminate	RCC2-MTE	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-MTI	\$ 126.00
<input type="checkbox"/> Decrease _____"	RCC2-MTD	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-MTM	No charge

**Lateral Thigh Support**

LEFT

<input type="checkbox"/> As captured	RCC2-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC2-LTEL	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-LTIL	\$ 126.00
<input type="checkbox"/> Decrease _____"	RCC2-LTDL	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-LTML	No charge

RIGHT

<input type="checkbox"/> As captured	RCC2-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC2-LTER	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-LTIR	\$ 126.00
<input type="checkbox"/> Decrease _____"	RCC2-LTDR	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-LTMR	No charge

**10. Covers**

Item	Part Number	Mfr. Sugg. Retail Price*
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<input type="checkbox"/> One breathable spacer fabric zip cover included		Standard
<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"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC2-EM3	\$ 170.00
<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"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC2-EM3	\$ 170.00
<input type="checkbox"/> Outer incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer 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

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**11. Additional Custom Cushion Accessories/Items**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge (These wedges are loose. To order a built-in wedge please see page 3)		
<input type="checkbox"/> For 14" / 36cm cushion widths	RCC2-OW-1414	\$ 87.00
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCC2-OW-1616	\$ 87.00
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCC2-OW-1816	\$ 87.00
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCC2-OW-2016	\$ 87.00
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	\$ 41.00

**12. Growth**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit	RCC2-DGK	\$ 279.00
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.)		

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

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).

**Special Instructions or Comments**

NOTE: May affect price; call to request quote.

\_\_\_\_\_

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\* All prices are in U.S. dollars.  
 \*\* One size fits all. Trim in field for correct fit.



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

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