



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 _____

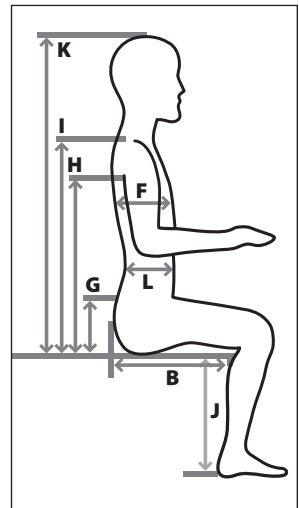
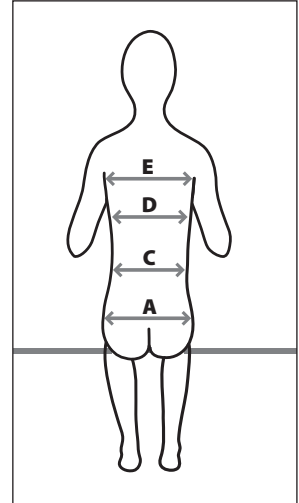
Client Measurements

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

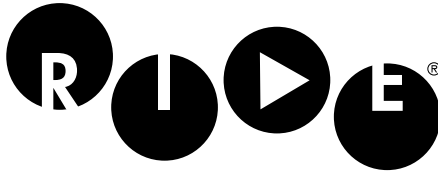
Frame Width _____" Depth _____"



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 AccuSoft™ Cushion 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 July 1, 2021.

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	\$2709.00
<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	\$2709.00
<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
- Impression Foam Simulator
Size: Small Medium Large
If impression foam is sent to Ride Designs, a RideWorks scanning fee will apply.
 RideWorks Scanning Fee (price not included in bundled package) RCC-FEE \$ 281.00
- 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
- 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.

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 _____"

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

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.

Page 4

Continue on page 5

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 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.)

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 _____"	RCC-CWTW

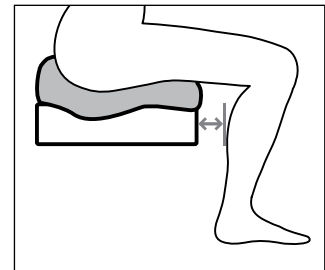
**NOTE: Virtually any size cushion can be built.
Call for a quote.**

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	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 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-CLALL RCC-CLALR
Missed this step? Indicate desired length of cushion on each side L _____" R _____"	
<input type="checkbox"/> Undercut Front Edge 1"	RCC-UCI
<input type="checkbox"/> Front rigging notches _____" W x _____" D x _____" H	RCC-WCFR



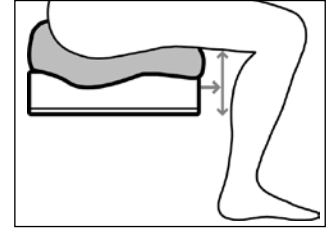
Ride® Custom AccuSoft™ Cushion Bundled Package Order Form
Client First and Last Name _____

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.



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).

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
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.	
<input type="checkbox"/> Ride contour 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.	RCAC-RC
<input type="checkbox"/> Full contact Cushion manufactured as captured	RCC-FC



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

<input type="checkbox"/> Lateral Thigh Support Reinforcement Boosts structural integrity while using forgiving materials that help reduce the risk of injury to skin and soft tissue. (Includes right and left sides.)	RCAC-RL
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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.

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"/> 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

Cushion/Wheelchair Interface Modifications

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

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

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	RCC-WC003	\$ 131.00
<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	RCC-CMP	\$ 415.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric fabric zip cover	RCAC-CBZA ____ (width)	\$ 208.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$ 78.00**
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$ 143.00**
<input type="checkbox"/> Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	\$ 251.00
<input type="checkbox"/> Additional inner incontinent-resistant cover	RCC-INICA	\$ 251.00

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.)	RCC-DGK	\$ 257.00

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.

* 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.

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 ventilated inner shell eases cleaning, maintenance, and adjustments.

Mounting options

Strong ventilated 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



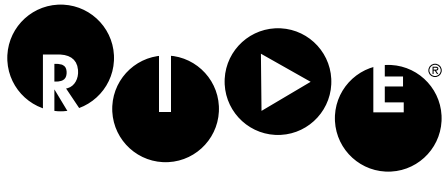
Ride Custom Back paired with the Ride Custom AccuSoft Cushion.



Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
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www.ridedesigns.com
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 _____

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.
Prices effective July 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 \$281.00* 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, \$415.00) 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 Custom ventilated 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.	RCB100-B01	\$ 3556.00
Did you send a plaster back shape? <input type="checkbox"/> RideWorks Scanning Fee (price not included in bundled package)	RCB-FEE	\$ 281.00

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

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
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 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. 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.

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" | 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 for first set of hardware:

- | | |
|---|-----------|
| <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 |

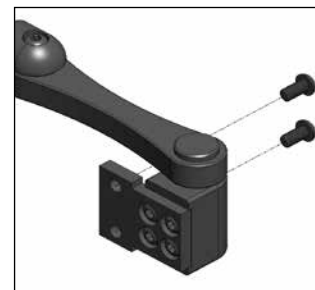
c. Select Attachment for first set of hardware:

- | | |
|--|--------|
| <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"/> Ultra-breathable 3D mesh liner	RCB-SML
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB-FS
For AccuSoft foam liner option, select one cover:	
<input type="checkbox"/> Spacer fabric cover	RCB-SFC
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only)	RCB-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.	RCB-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.	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. — Draw desired location(s) and shape of relief on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB-ERFP
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, \$415.00) are required if laterals are over 6" deep.

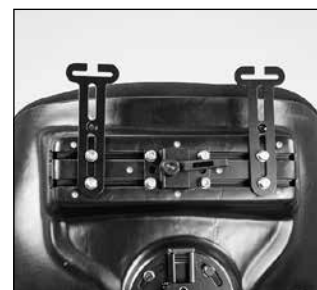
Ride® Custom Back Bundled Package Order Form
Client First and Last Name _____

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*
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. 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:		
<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"	FL-MS	\$ 544.00
<input type="checkbox"/> Medium, mounting distance 15 - 18"	FL-MM	\$ 544.00
<input type="checkbox"/> Large, mounting distance 19 - 21"	FL-ML	\$ 544.00
<input type="checkbox"/> X-Large, mounting distance 22 - 24"	FL-MX	\$ 544.00
b. Select Mounting for second set of hardware:		
<input type="checkbox"/> Clamp Mount for round back canes	FL-MCI	\$ 0.00
<input type="checkbox"/> Additional Mounting Clamps (pair)	FL-MC	\$ 219.00
NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.		
<input type="checkbox"/> FlexLoc Adapter Plate	FL-MCI-P1	\$ 0.00
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.		
c. Select Attachment type for second set of hardware:		
<input type="checkbox"/> Fixed, non-removable	FL-FMI	\$ 0.00
<input type="checkbox"/> Quick Release Option	FL-QR	\$ 89.00

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	\$ 191.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 191.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 306.00
<input type="checkbox"/> External stainless steel reinforced lateral thoracic supports	RCB-RLTS	\$ 415.00

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	\$ 142.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 142.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 142.00



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	\$ 376.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 376.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 376.00



Abdominal Support Panel.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Additional Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-SFCA	\$ 354.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 354.00

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 height only. Changes in spinal alignment and body shape can not be accommodated through growth adjustment.	RCB-DGK	\$ 472.00

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.

PHOTOS??
 THEY MUST BE
 HERE SOMEWHERE.



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