



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

Ride® Custom 2 Cushion Bundled Package 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 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 Bundled Package Order Form

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 _____

Does client have:

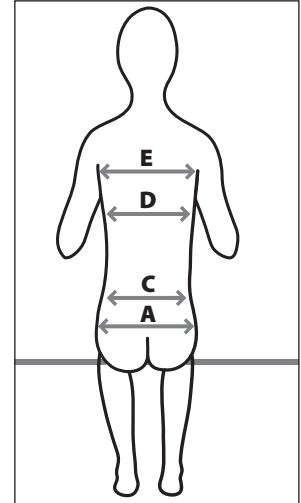
Current tissue injury? Location _____ Stage _____

History of tissue injury? Location _____ Stage _____

Height _____ Weight _____

Client Measurements

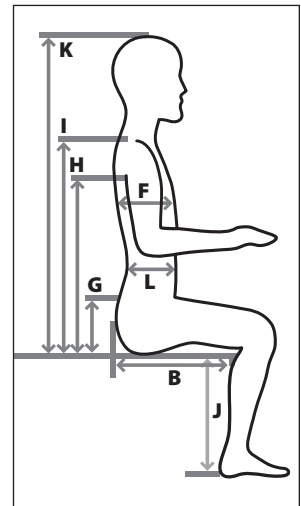
- | | |
|---------------------------------|---|
| A. Trochanters _____" | G. Top of Iliac Crest R _____" L _____" |
| B. Leg length L _____" R _____" | H. Axilla height R _____" L _____" |
| C. Iliac Crest _____" | I. Top of shoulder R _____" L _____" |
| D. Mid-Thorax _____" | J. Knee to heel _____" |
| 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 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Prices effective January 13, 2025.

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	\$3209.00

Shape Capture Process (please check one)

- Bead Bag
Indicate Shape Capture Base size used:
 - Small (Blue) Medium (White)
 - Large (Red) None

- Shape Capture Base Wedged Up _____"
 - Front Rear
 - Left Side Right Side
 - Build wedge into cushion per simulation RCC2-WS Included in Bundled Price
 - Do not build wedge into cushion

- Scan of existing cushion (insert existing cushion measurements below)
 - Length L _____" R _____" Rear width _____" Front width _____"
 - Height at the following corners: Front L _____" Front R _____" Rear L _____" Rear R _____"
 - (Heights are not guaranteed if the cushion being scanned is a discontinued product.)
 - Is the existing cushion used on a sling seat? Yes No
 - (If yes, please note the new cushion will be made with a flat bottom. If the cushion being duplicated has a 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

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.

* 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 1/4" less than specified.)

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

Item	Part Number
Standard <input type="checkbox"/> 10" <input type="checkbox"/> 11" <input type="checkbox"/> 12" <input type="checkbox"/> 13" <input type="checkbox"/> 14" <input type="checkbox"/> 15" <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"	RCC2-____ (width)
Extra large width (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"	RCC2-W____ (width)
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC2-CWTW

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

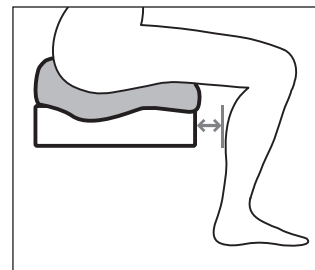
Cushion Length (IMPORTANT: Specify cushion length relative to front of Shape Capture Base as shown.)

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.

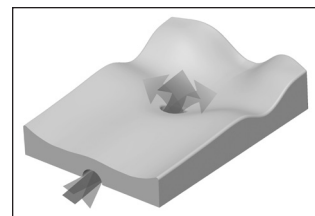
Item	Part Number
<input type="checkbox"/> Equal to Shape Capture Base length	RCC2-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC2-CLSL
Asymmetrical Length LEFT <input type="checkbox"/>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



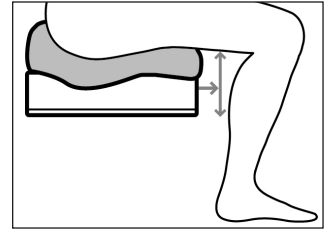
Custom ventilation channel helps manage heat and moisture.

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Sitting Height

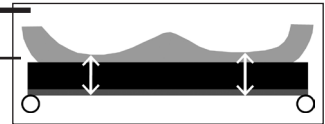
Item	Part Number
<input type="checkbox"/> Targeted final front cushion height (see diagrams at right) Height: L leg _____" R leg _____" NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.	RCC2-SHTH
<input type="checkbox"/> As captured	RCC2-SHAC
<input type="checkbox"/> Increase overall height _____"	RCC2-SHIH
<input type="checkbox"/> As low as possible NOTE: Cushion height will be lowered to achieve minimum foam thickness in I.T. well. This may not result in a lower final front cushion height.	RCC2-SHDH



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).

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



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	Qty
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge (These wedges are loose. For a built-in wedge, please see page 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	\$ 156.00
<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	\$ 495.00

Cushion Modification Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC2-WCFR	\$ 100.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 249.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC2-SP	\$ 95.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC2-EM2	\$ 172.00
<input type="checkbox"/> Outer incontinent resistant cover	RCC2-IC	\$ 299.00
<input type="checkbox"/> Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric cover.	RCC2-INICA	\$ 299.00

* 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	\$ 307.00

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 303.781.1722

www.ridedesigns.com
customerservice@ridedesigns.com