Ride® Custom AccuSoft Cushion Itemized Order Form

Client's First and Last Name* _____

❑ Ride Custom AccuSoft™ Cushion (RCAC-S/RCAC-XS)
    Shape provided via:
        ❑ RideWorks Scan
        ❑ Evaluator Cushion

    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 AccuSoft Cushion 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.
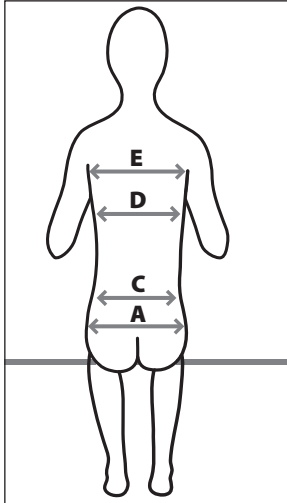
Sex: ❏ M ❏ F Diagnosis _____

Height _____ Weight _____

Does client have:

❏ Current tissue injury? Location _____ Stage _____

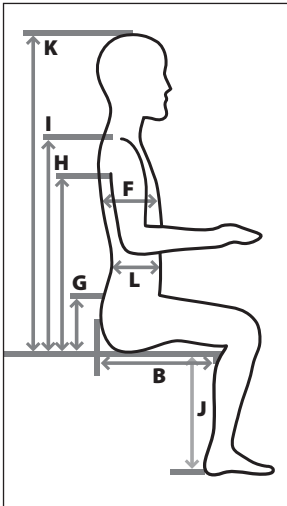❏ History of tissue injury? Location _____ Stage_____

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 _____"

Ride® Custom AccuSoft™ Cushion Order Form

Client First and Last Name _____

Prices effective January 8, 2022.

Item	Part Number	Mfr. Sugg. Retail Price*
❑ **Ride Custom AccuSoft Cushion - Soft** Medicare HCPCS Code E2609 Select one outer cover:†	RCAC-S	$2175.00
❑ Outer breathable spacer fabric zip cover	RCAC-CBZ	
OR		
❑ Outer wipeable incontinence-resistant cover	RCAC-IC	
❑ **Ride Custom AccuSoft Cushion - Extra Soft** Medicare HCPCS Code E2609 Select one outer cover: †	RCAC-XS	$2175.00
❑ Outer breathable spacer fabric zip cover	RCAC-CBZ	
OR		
❑ 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

❑ Shape Capture Base is Wedged Up _____"
   ❑ Front   ❑ Rear
   ❑ Left Side ❑ Right Side

❑ Build wedge into cushion per simulation	RCAC-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.)

❑ 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.
† Additional covers available in Section 8.

Ride® Custom AccuSoft™ Cushion Order Form

Client First and Last Name _____

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 or
  evaluation on Java Cushion.
- ❑ Photograph of captured shape or of Java Cushion once evaluation is complete.

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

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Bevel-Cut Modification for sling seat	RCAC-BC	$ 142.00
❑ Drop Seat Modification, 1" drop	RCAC-WC003	$ 142.00
❑ 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)**	RCAC-CMP	$ 450.00

3. Cushion Width (Actual cushion width will be ½" 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 ❑ 10" ❑ 11" ❑ 12" ❑ 13" ❑ 14" ❑ 15" ❑ 16" ❑ 17" ❑ 18" ❑ 19" ❑ 20"	RCAC-___ (width)	No charge
Extra large width ❑ 21" ❑ 22" ❑ 23" ❑ 24"	RCAC-W___ (width)	$ 147.00
❑ Tapered width Back width _____" Front width _____"	RCAC-CWTW	$ 147.00

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

4. 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	Mfr. Sugg. Retail Price*
❑ Equal to Shape Capture Base length	RCAC-CLAC	Standard
Symmetrical Length ❑ Add _____" to Shape Capture Base length ❑ Subtract _____" to Shape Capture Base length	RCAC-CLSL	No charge
Asymmetrical Length		$ 142.00
LEFT ❑ Equal to Shape Capture Base length ❑ Add _____" to Shape Capture Base length ❑ Subtract _____" to Shape Capture Base length	RCAC-CLALL	
RIGHT ❑ Equal to Shape Capture Base length ❑ Add _____" to Shape Capture Base length ❑ Subtract _____" from Shape Capture Base length	RCAC-CLALR	
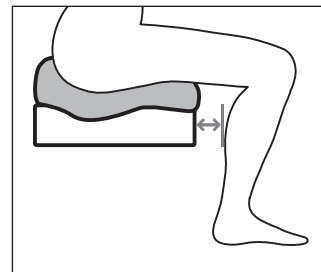
Missed this step? Indicate desired length
of cushion on each side L _____" R _____"

* All prices are in U.S. dollars.

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 _____"

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 is section 4 of the cushion order form.

Step 4

Determine if additional lateral pelvic control is needed, inserting Ride CAM Wedges into the slots in the rear of the Java Cushion base 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 on the Java Evaluator Cushion, to: customerservice@ridedesigns.com.

5. Sitting Height

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Targeted final front cushion height (see diagrams at right)	RCAC-SHTH	No charge
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.		
❑ As captured	RCAC-SHAC	Standard
❑ Increase overall height _____"	RCAC-SHIH	$ 166.00
❑ As low as possible	RCAC-SHDH	$ 166.00
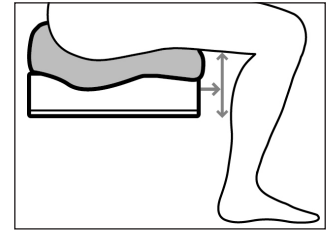
For targeted cushion height: at the projected cushion length, measure from the bottom of the shape capture base or Java Evaluator Cushion up to the underside of the leg with the feet properly positioned on the footplate(s).

6. Cushion Contour

Item	Part Number	Mfr. Sugg. Retail Price*

**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.

❑ Ride contour**   RCAC-RC   No charge
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.

    ❑ Reticulated foam well insert kit   RCAC-WI $ 52.00
    For gentle support to bony prominences and to maintain a high level of microclimate management.
    ⚠ ONE SIZE: Must be trimmed in field to fit

❑ Full contact**   RCAC-FC   No charge
Cushion manufactured as captured

Determine targeted front of cushion height (front view).

7. Thigh/Femoral Support

Item	Part Number	Mfr. Sugg. Retail Price*

Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.

	Part Number	Mfr. Sugg. Retail Price*
❑ As captured	RCAC-MTAC	Standard
❑ Eliminate	RCAC-MTE	No charge
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-MTI	$ 126.00
❑ Decrease _____"	RCAC-MTD	No charge
❑ Decrease as marked with line on Shape Capture Bag	RCAC-MTM	No charge

Lateral Thigh Support

LEFT

|	Part Number	Mfr. Sugg. Retail Price*
❑ As captured	RCAC-LTAC	Standard
❑ Eliminate	RCAC-LTEL	No charge
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIL	$ 126.00
❑ Decrease _____"	RCAC-LTDL	No charge
❑ Decrease as marked with line on Shape Capture Bag	RCAC-LTML	No charge

RIGHT

	Part Number	Mfr. Sugg. Retail Price*
❑ As captured	RCAC-LTAC	Standard
❑ Eliminate	RCAC-LTER	No charge
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR	$ 126.00
❑ Decrease_____"	RCAC-LTDR	No charge
❑ Decrease as marked with line on Shape Capture Bag	RCAC-LTMR	No charge

❑ Lateral Thigh Support Reinforcement   RCAC-RL $ 222.00
Boosts structural integrity while using forgiving materials that help reduce the risk of injury to skin and soft tissue. (Includes
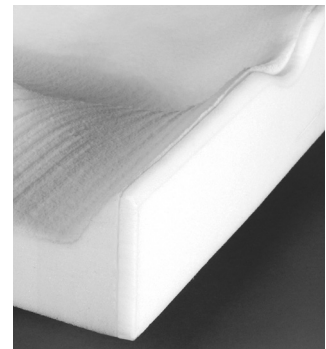
The Lateral Thigh Support Reinforcement option removes ½" of cushion foam from each lateral thigh support. Reinforcement material replaces the foam that was removed, without increasing the overall width of the cushion.

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* All prices are in U.S. dollars.

Client First and Last Name _____

8. Modifications)

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Undercut front edge 1"	RCAC-UC1	$ 79.00
❑ Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR	$ 91.00

9. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
❑ For the outer breathable spacer fabric zip cover included with cushion (if selected)		
❑ Spandex layer over spacer fabric	RCAC-SP	$ 86.00
❑ Two-layer spacer fabric Soft Fit	RCAC-EM2	$ 156.00
❑ Additional breathable spacer fabric zip cover	RCAC-CBZA ___ (width)	$ 226.00
❑ Spandex layer over spacer fabric	RCAC-SP	$ 86.00
❑ Two-layer spacer fabric Soft Fit	RCAC-EM2	$ 156.00
❑ Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	$ 272.00
❑ Additional inner incontinent-resistant cover	RCAC-INICA	$ 272.00

10. Additional Custom AccuSoft Accessories/Items

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

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

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Ride CAM® Wedge Kit**	RCAC-WK	$ 41.00

11. Growth

Item	Part Number	Mfr. Sugg. Retail Price*
❑ Growth Kit Provides for one growth adjustment, including one new inner and one new outer 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.)	RCAC-DGK	$ 279.00

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.

Total: _____

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

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 firm, breathable composite foam liner.

Protection and comfort
Supplementary padding and reliefs improve protection and comfort at sensitive areas.

Easy to clean and adjust
Removable and washable cover eases cleaning, maintenance, and adjustments.

Mounting options
Strong 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.

* All prices are in U.S. dollars.

Ride Designs®
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