



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

# Ride® Custom Systems AccuSoft Cushion Bundled Package Order Form

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

Attach appropriate order form for each component ordered.

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

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

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

\*Internal management of personal information is HIPAA compliant.

## General Information

**Supplier** \_\_\_\_\_

Ride Certified Practioner 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 Bundled 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 \_\_\_\_\_

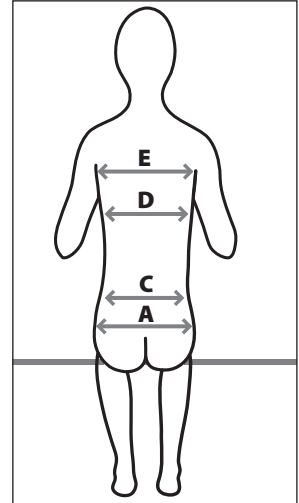
Does client have:

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

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

**Client Measurements**

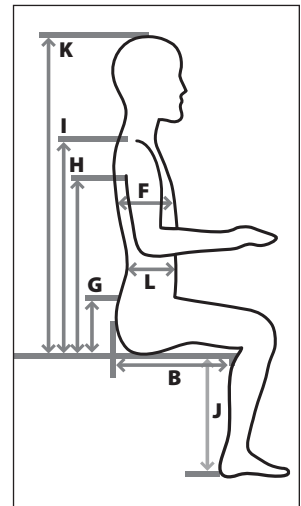
- |                                 |   |
|---------------------------------|---|
| A. Trochanters _____"           | G. Top of Iliac Crest L _____" R _____" |
| B. Leg length L _____" R _____" | H. Axilla height L _____" R _____"      |
| C. Iliac Crest _____"           | I. Top of shoulder L _____" 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 \_\_\_\_\_

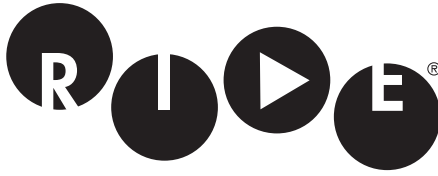
Frame Width \_\_\_\_\_" Depth \_\_\_\_\_"



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

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phone 303.781.1633  
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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 \_\_\_\_\_

Prices effective January 13, 2025

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom AccuSoft Cushion <b>Soft - Bundled</b> Medicare HCPCS Code E2609 Select outer covers:†	RCAC-S-B01	\$3224.00
<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 <b>Extra Soft - Bundled</b> Medicare HCPCS Code E2609 Select outer covers:†	RCAC-XS-B01	\$3224.00
<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
- Shape Capture Base Wedged Up \_\_\_\_\_"  
 Front    Rear  
 Left Side    Right Side  
 Build wedge into cushion per simulation   RCAC-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 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.

† Select one or both.

# Ride® Custom AccuSoft™ Cushion Bundled Package Order Form

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

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## 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 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 on the Java Evaluator Cushion, to: [customerservice@ridedesigns.com](mailto:customerservice@ridedesigns.com).

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

**Ride® Custom AccuSoft™ Cushion Bundled Package Order Form**

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

**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.

**The Ride Custom AccuSoft Bundled Package includes all of the following options**

**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
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 _____"	RCAC-CWTW

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

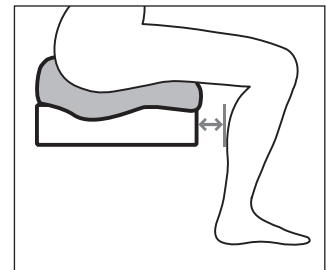
**Cushion Length**

(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	RCAC-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCAC-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	RCAC-CLALL       RCAC-CLALR
Missed this step? Indicate desired length of cushion on each side L _____" R _____"	
<input type="checkbox"/> Undercut Front Edge 1"                      RCAC-UC1	
<input type="checkbox"/> Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR

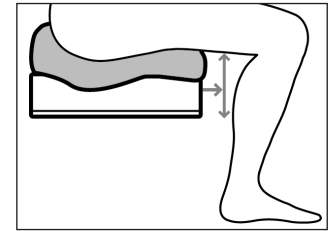


# Ride® Custom AccuSoft™ Cushion Bundled Package Order Form

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

## Sitting Height

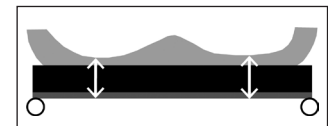
Item	Part Number
<input type="checkbox"/> Targeted final front cushion height (see diagrams at right) Height: L leg _____" R leg _____" NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.	RCAC-SHTH
<input type="checkbox"/> As captured	RCAC-SHAC
<input type="checkbox"/> Increase overall height _____"	RCAC-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.	RCAC-SHDH



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).

## Cushion Contour

Item	Part Number
<b>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.</b>	
<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"/> 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	RCAC-WI
<input type="checkbox"/> Full contact Cushion manufactured as captured	RCAC-FC



Determine targeted front of cushion height (front view).

## Thigh/Femoral Support

Item	Part Number
<b>Medial Thigh Support</b> If no selection is made, the medial thigh support will be manufactured as captured.	
<input type="checkbox"/> As captured	RCAC-MTAC
<input type="checkbox"/> Eliminate	RCAC-MTE
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-MTI
<input type="checkbox"/> Decrease _____"	RCAC-MTD
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-MTM

### Lateral Thigh Support

LEFT

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

RIGHT

<input type="checkbox"/> As captured	RCAC-LTAC
<input type="checkbox"/> Eliminate	RCAC-LTER
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR
<input type="checkbox"/> Decrease _____"	RCAC-LTDR
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-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	Qty
<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	RCAC-OW-1414	
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCAC-OW-1616	
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCAC-OW-1816	
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCAC-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**	RCAC-WK	

## Cushion/Wheelchair Interface Modifications

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

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

**Ride® Custom AccuSoft™ Cushion Bundled Package Order Form**

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

**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	RCAC-WC003	\$ 156.00
<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	RCAC-CMP	\$ 495.00

**Additional Cover Options**

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

**Growth**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit Provides for one growth adjustment, including one new inner cover, 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	\$ 307.00

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](http://www.ridedesigns.com).

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

\* 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.

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**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 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](http://www.ridedesigns.com)



Ride Custom Back paired with the Ride Custom AccuSoft Cushion.



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



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