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www.ridedesigns.com

Ride® Custom Order Form for Level 1 Certified Practitioners

Ride Custom AccuSoft® Cushion and Custom Back w/AccuSoft Foam Liner

Client's First and Last Name* _____

☐ Ride® Custom AccuSoft® Cushion (RCAC-S/RCAC-XS)

Shape provided via:

- ☐ RideWorks® Scan
☐ Java® Cushion used as Evaluator tool
☐ Other

☐ Ride Custom Back with AccuSoft foam liner (RCB200)

Shape provided via:

- ☐ RideWorks Scan
☐ Client Measurements and Finished Product Dimensions

NOTE: Only available with AccuSoft foam liner. See special instructions on page 3.

Account # _____

PO # _____

Date _____ SO# _____

SN# _____

Date of shape capture: _____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier _____

Ride Level 1 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 _____

Client First and Last Name _____

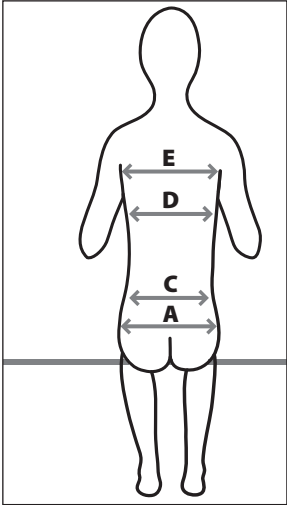
Client Information

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 _____

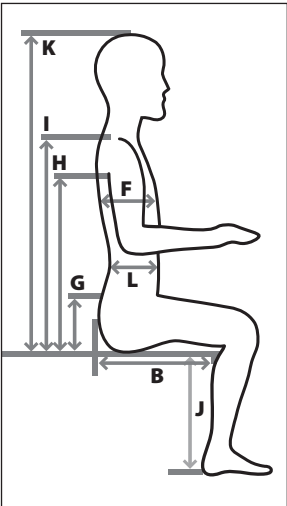
Client Measurements

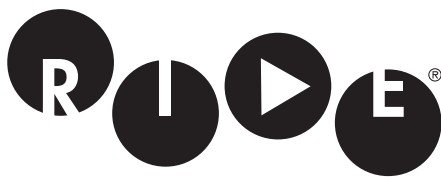
- | | |
|---------------------------------|---|
| A. Trochanters _____" | G. Top of Iliac Crest L _____" R _____" |
| B. Leg length L _____" R _____" | H. Axilla height L _____" R _____" |
| C. Iliac Crest _____" | I. Top of shoulder L _____" R _____" |
| D. Mid-Thorax _____" | J. Knee to heel _____" |
| 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, 2024.

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

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 _____"
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

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 side view of client during shape capture or evaluation in 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*
<input type="checkbox"/> Bevel-Cut Modification for sling seat	RCAC-BC	\$ 142.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCAC-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 or drop seat modification)	RCAC-CMP	\$ 450.00

3. Cushion Width (Actual cushion width will be 1/2" less than specified.)

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" <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"	RCAC-____ (width)	No charge
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCAC-W____ (width)	\$ 147.00
<input type="checkbox"/> 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

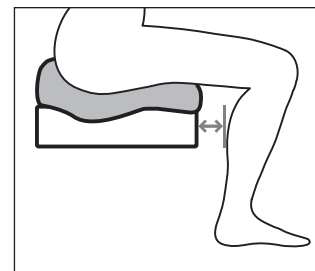
(IMPORTANT: Specify cushion length relative to front of Shape Capture Base or Java Evaluator Cushion as shown.)

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*
<input type="checkbox"/> Equal to Shape Capture Base length	RCAC-CLAC	Standard
Symmetrical Length	RCAC-CLSL	No charge
<input type="checkbox"/> Add _____" to Shape Capture Base length		
<input type="checkbox"/> Subtract _____" to Shape Capture Base length		
Asymmetrical Length		\$ 142.00
LEFT	RCAC-CLALL	
<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	RCAC-CLALR	
<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		

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



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 6
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, 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 in the Java Evaluator Cushion, to: customerservice@ridedesigns.com.

Ride® Custom AccuSoft® Cushion Order Form

Client First and Last Name _____

5. 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.

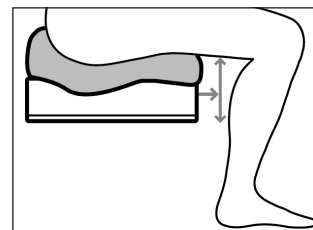
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> As captured	RCAC-SHAC	Standard
<input type="checkbox"/> Increase overall height _____"	RCAC-SHIH	\$ 166.00
<input type="checkbox"/> As low as possible	RCAC-SHDH	\$ 166.00

6. Cushion Contour

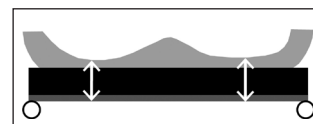
Item	Part Number	Mfr. Sugg. Retail Price*
**NOTE: The Custom AccuSoft Cushion is not a fully off-loading cushion. For highest level of skin protection, we recommend the Ride Custom 2 Cushion, which requires Level 2 Certification.		
<input type="checkbox"/> Ride contour** Cushion is manufactured with Ride's patented mechanism of support which reduces forces at high risk areas and provides slightly greater forces at low risk areas. with Extra Soft Foam option.	RCAC-RC	No charge NOTE: Ride contour is not available
<input type="checkbox"/> Reticulated Foam Well Insert Kit For gentle support to bony prominences and to maintain a high level of microclimate management.	RCAC-WI	\$ 52.00
<input type="checkbox"/> Full contact** Cushion manufactured as captured	RCAC-FC	No charge

7. Thigh/Femoral Support

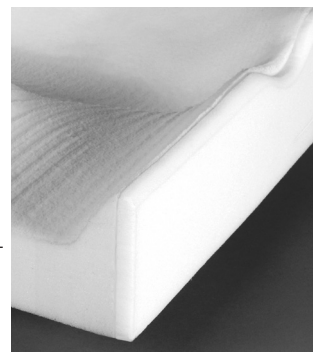
Item	Part Number	Mfr. Sugg. Retail Price*
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.		
<input type="checkbox"/> As captured	RCAC-MTAC	Standard
<input type="checkbox"/> Eliminate	RCAC-MTE	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height***)	RCAC-MTI	\$ 126.00
<input type="checkbox"/> Decrease _____"	RCAC-MTD	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-MTM	No charge
Lateral Thigh Support		
LEFT		
<input type="checkbox"/> As captured	RCAC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCAC-LTEL	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height***)	RCAC-LTIL	\$ 126.00
<input type="checkbox"/> Decrease _____"	RCAC-LTDL	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-LTML	No charge
RIGHT		
<input type="checkbox"/> As captured	RCAC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCAC-LTER	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height***)	RCAC-LTIR	\$ 126.00
<input type="checkbox"/> Decrease _____"	RCAC-LTDR	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-LTMR	No charge
<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	\$ 222.00



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).



Determine targeted front of cushion height (front view).



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.

Ride® Custom AccuSoft® Cushion Order Form

Client First and Last Name _____

8. Modifications

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Undercut front edge 1"	RCAC-UC1	\$ 79.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCAC-WCFR	\$ 91.00

9. Covers

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

10. Additional Custom AccuSoft Accessories/Items

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

11. 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.)	RCAC-DGK	\$ 279.00

Total: _____

Page 7

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.

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

Continue on page 8
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Patents: www.ridedesigns.com/patents

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 washable spacer fabric cover, help to keep the sitter dry and comfortable in virtually any climate. (Requires Level 2 Certification).

Forgiving

An optional, soft open-cell polyurethane foam insert is available as an alternative to the ultra-breathable mesh liner.

Protection and comfort

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

Easy to clean and adjust

Removable cover eases cleaning, maintenance, and adjustments.

Mounting options

Strong 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®
a branch of Aspen Seating, LLC



toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@riedesigns.com



Ride® Custom Back with AccuSoft Foam LIner Order Form

Client First and Last Name _____

Prices effective January 8, 2024.

► 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



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

DID YOU SEND
PHOTOS?

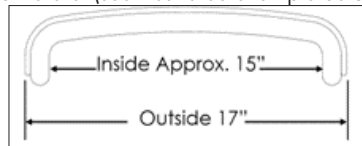


► Using client measurements and final product dimensions? (No scan required. Only available with AccuSoft foam liner.)

1. Go back to page 2 and confirm the following required client measurements have been provided: G; H; I
2. Provide the following desired dimensions of the finished Ride Custom Back:

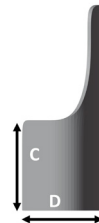
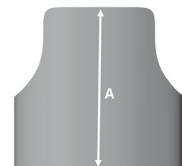
- ☐ Finished back height (A) _____"
- ☐ Finished back width from outside R lateral to outside L lateral (B) _____"

NOTE: client using the Ride Custom Back will compress the foam approximately 1/4" to 3/8" inside each lateral (see illustrated example below)



(B)

- ☐ Finished lateral height (C) L_____\"/>



Important: Clients who present with significant postural asymmetries and require substantial support to maintain optimal posture will experience the best outcome with a Ride Custom Back made from a captured shape that is scanned and submitted to Ride.

Ride® Custom Back Order Form

Client First and Last Name _____

1. Ride Custom Back Type

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom Back	RCB200	\$ 2299.00

Medicare HCPCS Code E2617
Custom contoured seat back shell;
AccuSoft® foam liner; and choice of removable spacer fabric cover
or wipeable, incontinence-proof cover.

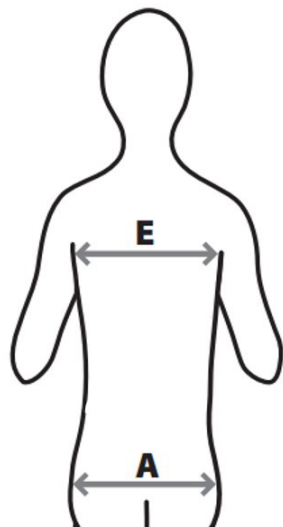
Minimum back height requirements for headrest accessory use		
Headrest Type	with Single Hardware	with Double Hardware
None	7"/0.178m	12"/0.330m
Universal Headrest Mounting Plate	11.5"/0.292m	18"/0.457m
Integrated Headrest/ Accessories Mount	9.5"/0.241m	15.5"/0.394m

NOTE: Measure back height
from top trimline to bottom trimline.

2. Ride Custom Back Size

Item	Part Number	Mfr. Sugg. Retail Price*
------	-------------	--------------------------

Provide width measurement at widest spot between Axilla (E) and Trochanters (A) _____"



- | | | |
|---|-----------|-----------|
| <input type="checkbox"/> Widest spot is <20" | RCB2-200R | \$ 0.00 |
| <input type="checkbox"/> Widest spot is 21" - 24" | RCB2-200W | \$ 365.00 |

Pricing for widths greater than 24" will be individually determined and quoted.

* All prices are in U.S. dollars.

3. Ride Custom Back Hardware and Mounting

Item	Part Number	Mfr. Sugg. Retail Price*
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Ride FlexLoc® Hardware

NOTE: Sections a, b, and c **MUST** have a selection.

a. Select Quantity and Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to a Permobil or Quantum chair requires small FlexLoc hardware with FlexLoc adapter plates from Ride Designs and a Direct Backrest Frame from Permobil or aftermarket back interface from 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.

☐ Single Set of Hardware

☐ Double Set of Hardware

☐ Small, mounting distance 10 - 14"

RCB2-FL-MS

MSRP per set

\$ 590.00

☐ Medium, mounting distance 15 - 18"

RCB2-FL-MM

\$ 590.00

☐ Large, mounting distance 19 - 21"

RCB2-FL-ML

\$ 590.00

☐ X-Large, mounting distance 22 - 24"

RCB2-FL-MX

\$ 590.00

☐ Omit hardware

RCB2-200R-0

\$ 0.00

b. Select Mounting:

☐ Clamp Mount for round back canes

RCB2-FL-MCI

Standard

☐ Additional Mounting Clamps (pair)

RCB2-FL-MC

\$ 238.00

NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.

☐ Quickie Sedeo Pro Interface Bracket

RCB2-QSIB

\$ 205.00

Mounts RCB200 to Quickie Sedeo Pro Power Seating System. NOTE: Not compatible with Quickie Sedeo Pro Advanced. Order small FlexLoc hardware for use with this option. This option replaces cane clamps.

☐ FlexLoc Adapter Plate

RCB2-FL-MCI-P1

No Charge

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:

☐ Fixed, non-removeable

RCB2-FL-FMI

Standard

☐ Quick Release Option

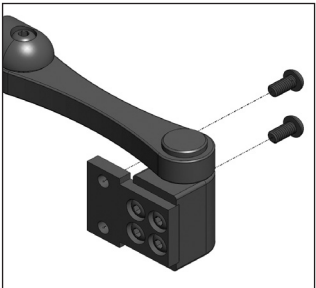
RCB2-FL-QR

\$ 97.00

NOTE: The Ride FlexLoc Mount can be interfaced with most any wheelchair configuration. Contact Ride Designs for a solution to your mounting challenge.



Ride FlexLoc Hardware on RCB200



Adapter Plate



Quick Release Option

Ride® Custom Back Order Form

Client First and Last Name _____

4. Foam Liner

Item	Part Number	Mfr. Sugg. Retail Price*
Please note: 3D mesh liner is only available to Level 2 Ride Certified Practitioners		
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB2-FS	\$ 171.00
For AccuSoft foam liner option, select one cover:		
<input type="checkbox"/> Spacer fabric cover	RCB2-SFC	\$ 0.00
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only)	RCB2-IC	\$ 0.00



AccuSoft foam liner

5. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
<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.	RCB2-ERFP	\$ 354.00
Axillary support pad Typically used for distribution of corrective forces near the axilla on concave side of scoliosis.		
<input type="checkbox"/> Left	RCB2-ASP-L	\$ 207.00
<input type="checkbox"/> Right	RCB2-ASP-R	\$ 207.00
Extended depth lateral thoracic support		
<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L	\$ 344.00
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-R	\$ 344.00
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.		
Extended height lateral thoracic support		
<input type="checkbox"/> Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L	\$ 226.00
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R	\$ 226.00
Extended back height		
<input type="checkbox"/> Extend back height _____" above reference line.	RCB2-EBH	\$ 344.00
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.		
<input type="checkbox"/> Reinforced lateral thoracic supports Note: No longer required for lateral supports more than 6" deep. It is not possible to adjust lateral width on the RCB200 by bending the lateral reinforcement. Modifications to lateral support width must be made by heating the RCB200 shell.	RCB2-RLTS	\$ 450.00
<input type="checkbox"/> Vertical back reinforcement	RCB2-RBS	\$ 332.00

PHOTOS??
JUST CHECKING.

Ride® Custom Back Order Form

Client First and Last Name _____

5. Accessories

Item	Part Number	Mfr. Sugg. Retail Price*
<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.	RCB2-UHMP	\$ 191.00
<input type="checkbox"/> Integrated headrest/accessories mount Note: May be mounted to FlexLoc vertical track if back height is not sufficient for an integrated mount.	RCB2-AM	\$ 284.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB2-SHG	\$ 115.00
<input type="checkbox"/> Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-SHGI	\$ 196.00

Privacy flap

Covers gap between cushion and back support.

Size

<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB2-PFS	\$ 155.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	\$ 155.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB2-PFL	\$ 155.00

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

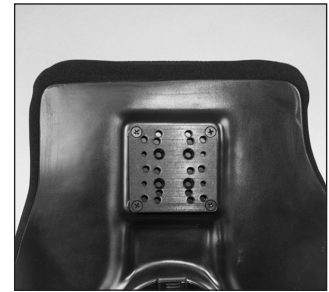
<input type="checkbox"/> Small — height 4" (two straps) Measurement around abdomen _____"	RCB2-AP-4	\$ 408.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB2-AP-6	\$ 408.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB2-AP-8	\$ 408.00

6. Covers

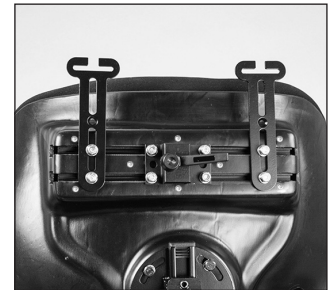
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB2-SFCA	\$ 384.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB2-ICA	\$ 384.00

7. 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.	RCB2-DGK	\$ 512.00



Universal Headrest Mounting Plate.



Integrated Headrest/Accessories Mount with Shoulder Harness Guides and headrest mount installed.



Privacy flap covers the space between the cushion and back support.



Abdominal Support Panel.

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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