

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

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phone 303.781.1633  
fax 303.781.1722  
www.ridedesigns.com

## Ride® Custom Systems Face Sheet :~)

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**

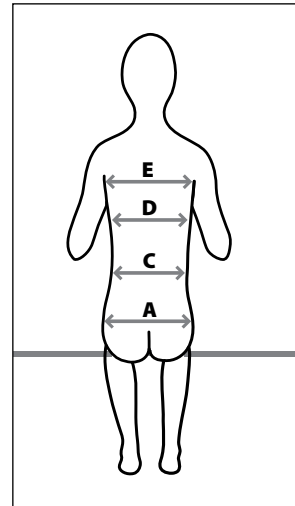
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex:  M  F Diagnosis \_\_\_\_\_

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

**Client Measurements**

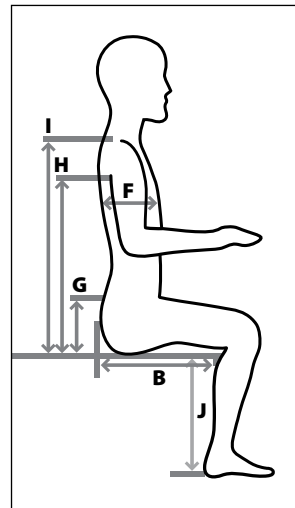
- |  |                              |
|--|------------------------------|
| A. Trochanters _____"                  | F. A-P Mid-Thorax _____"     |
| B. Leg length Left _____" Right _____" | G. Top of Iliac Crest _____" |
| C. Waist _____"                        | H. Axilla height _____"      |
| D. Mid-Thorax _____"                   | I. Top of shoulder _____"    |
| E. Axilla _____"                       | J. Knee to heel _____"       |

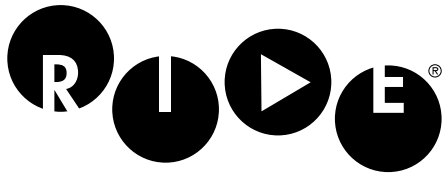


**Mobility Base Specifications**

Wheelchair Make \_\_\_\_\_ Model \_\_\_\_\_

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





# Ride® Custom AccuSoft™ Cushion Order Form

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

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.  
Prices effective March 1, 2019.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom AccuSoft Cushion - Soft Medicare HCPCS Code Pending Select one outer cover:†	RCAC-S	\$1940.00
<input type="checkbox"/> Outer breathable spacer fabric zip cover	RCAC-CBZ	
OR		
<input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-IC	
<input type="checkbox"/> Ride Custom AccuSoft Cushion - Extra Soft Medicare HCPCS Code Pending Select one outer cover: †	RCAC-XS	\$1940.00
<input type="checkbox"/> Outer breathable spacer fabric zip cover	RCAC-CBZ	
OR		
<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    RCAC-FEE    \$ 270.00
- 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

### 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 side view of client during shape capture.
- Photograph of captured shape.

## 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	\$ 126.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCAC-WC003	\$ 126.00
<input type="checkbox"/> Custom Mounting Platform (not compatible with bevel cut modification) ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCAC-CMP	\$ 400.00

## 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)	\$ 130.00

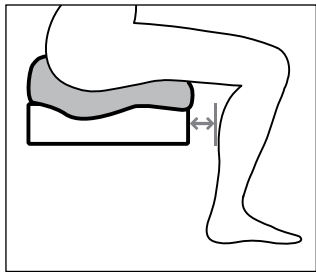
**NOTE: Virtually any size cushion can be built.  
Call for a quote.**

## 4. Cushion Length (IMPORTANT: Specify cushion length relative to front of Shape Capture Base 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	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Equal to Shape Capture Base length	RCAC-CLAC	Standard
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCAC-CLSL	No charge
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	\$ 126.00



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

\* All prices are in U.S. dollars.

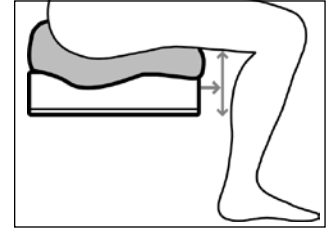
**Ride® Custom AccuSoft™ Cushion Order Form**  
**Client First and Last Name** \_\_\_\_\_

**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.



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).

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> As captured	RCAC-SHAC	Standard
<input type="checkbox"/> Increase overall height _____"	RCAC-SHIH	\$ 147.00
<input type="checkbox"/> As low as possible	RCAC-SHDH	\$ 147.00

**6. Cushion Contour**

Item	Part Number	Mfr. Sugg. Retail Price*
<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.	RCAC-RC	No charge
<input type="checkbox"/> Full contact** Cushion manufactured as captured.	RCAC-FC	No charge



Determine targeted front of cushion height (front view).

**\*\*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.**

**7. Thigh/Femoral Support**

Item	Part Number	Mfr. Sugg. Retail Price*
<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	Standard
<input type="checkbox"/> Eliminate	RCAC-MTE	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCAC-MTI	\$ 111.00
<input type="checkbox"/> Decrease _____" or as marked on Shape Capture Bag	RCAC-MTD	No charge
<b>Lateral Thigh Support</b>		
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	\$ 111.00
<input type="checkbox"/> Decrease _____" or as marked on Shape Capture Bag	RCAC-LTDL	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	\$ 111.00
<input type="checkbox"/> Decrease _____"	RCAC-LTDR	No charge

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

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

or as marked on Shape Capture Bag

**8. 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	\$ 74.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EMZ	\$ 137.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCAC-CBZA ____ (width)	\$ 200.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$ 74.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EMZ	\$ 137.00
<input type="checkbox"/> Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover or inner, moisture-resistant cover.	RCAC-ICA	\$ 242.00

**9. Additional Custom AccuSoft Accessories/Items**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCAC-WK	\$ 35.00
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge		
<input type="checkbox"/> For 14" / 36cm cushion widths	RCAC-OW-1414	\$ 75.00
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCAC-OW-1616	\$ 75.00
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCAC-OW-1816	\$ 75.00
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCAC-OW-2016	\$ 75.00

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

**10. 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	\$ 247.00

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

\* 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

The Brock® Composite liner material and spacer fabric cover help to keep the sitter dry and comfortable in virtually any climate.

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



Ride Custom Back paired with the Ride Custom AccuSoft Cushion.

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