

Ride Designs®
a branch of Aspen Seating, LLC

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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

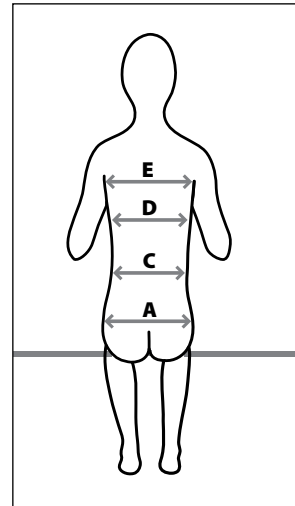
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: M F Diagnosis _____

Height _____ Weight _____

Client Measurements

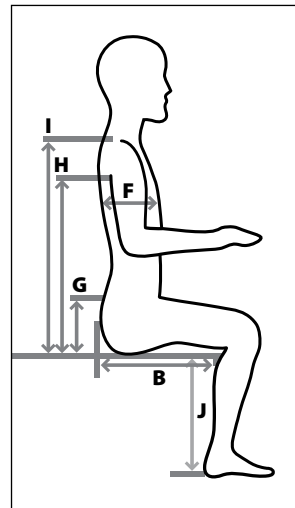
- | | |
|--|------------------------------|
| A. Trochanters _____" | F. A-P Mid-Thorax _____" |
| B. Leg length Left _____" Right _____" | G. Top of Iliac Crest _____" |
| C. Waist _____" | H. Axilla height _____" |
| D. Mid-Thorax _____" | I. Top of shoulder _____" |
| E. Axilla _____" | J. Knee to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

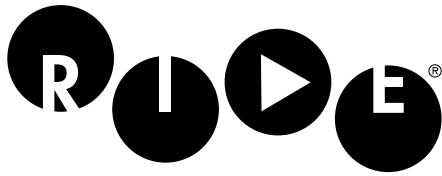


Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"





Ride® Custom Back Order Form

Client First and Last Name _____

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

- Ride Custom Back** (Model #: RCB100) Medicare HCPCS Code E2617
Includes custom ventilated contoured seat back shell; choice of 1) original breathable composite foam or 2) new soft, open-cell polyurethane foam interface insert; spacer fabric cover; and FlexLoc® mounting hardware. Note: if soft foam option is selected, Back comes with choice of spacer fabric cover or wipeable, incontinence-proof cover.
- Ride Custom Back, for Commode Back** (Model #: RCB100CB)
Includes custom ventilated contoured seat back shell lined with breathable composite foam and a shower-cap style cover.

► 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

► 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**

Using plaster instead of RideWorks app?

Before shipping cast, allow to DRY for 48 hours, and complete the following:

- Face sheet
- Order form (enclose one copy of each in box with cast)

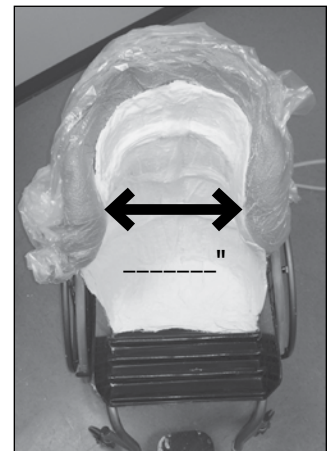
Mark cast with following information:

- Trim lines
- Arrow pointing upward indicating top of back
- Vertical line at approximate midline of wheelchair. Note: This may differ from client midline in the presence of severe postural asymmetry.
- Client first name and last initial
(name should exactly match name on order form face sheet)
- Date
- Supplier/Vendor
- Supplier/Vendor representative name
- Therapist name

NOTE: Do not ship cast in a plastic bag.

If plaster is sent to Ride Designs, a RideWorks scanning fee will apply.

- RideWorks Scanning Fee RCB-FEE \$ 270.00



Cast into pan... please enter measurement on photo above.

DID YOU SEND PHOTOS?

* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$400.) are required if laterals are over 6" deep.

1. Ride Custom Back Specifications

Item	Part Number	Mfr. Sugg. Retail Price*
Trochanter width ≤ 20"		
<input type="checkbox"/> Single FlexLoc® mounting hardware	RCB-100R	\$2577.00
<input type="checkbox"/> Double FlexLoc mounting hardware*	RCB-100R-D	\$3102.00
<input type="checkbox"/> Omit hardware	RCB-100R-0	\$2052.00
Trochanter width 21" - 24"		
<input type="checkbox"/> Single FlexLoc mounting hardware	RCB-100W	\$2900.00
<input type="checkbox"/> Double FlexLoc mounting hardware*	RCB-100W-D	\$3426.00
<input type="checkbox"/> Omit hardware	RCB-100W-0	\$2376.00

For trochanter widths greater than 24," please call for quote.

*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.

Proceed to section 2 to select FlexLoc size and configuration.

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
Stealth	8.5"/0.216m	15"/0.381m

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

2. Wheelchair Interface

Item	Part Number	Mfr. Sugg. Retail Price*
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Ride FlexLoc Specifications

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

a. Select Size:

NOTE: Order the FlexLoc size that matches the distance between mounting locations, not necessarily the wheelchair width. Permobil® and Quantum® aftermarket back interfaces require small mounting hardware with the FlexLoc Adapter Plate for Permobil, and cane clamps for Quantum.

- | | | |
|---|-------|----------|
| <input type="checkbox"/> Small — mounting distance 10 - 14" | FL-MS | Standard |
| <input type="checkbox"/> Medium — mounting distance 15 - 18" | FL-MM | Standard |
| <input type="checkbox"/> Large — mounting distance 19 - 21" | FL-ML | Standard |
| <input type="checkbox"/> Extra Large — mounting distance 22 - 24" | FL-MX | Standard |

b. Select Mounting:

- | | | |
|---|-----------|-----------|
| <input type="checkbox"/> Clamp Mount for round back canes | FL-MCI | Standard |
| <input type="checkbox"/> Additional Mounting Clamps (pair) | FL-MC | \$ 210.00 |
| NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included. | | |
| <input type="checkbox"/> FlexLoc Adapter Plate | 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:

- | | | |
|--|--------|----------|
| <input type="checkbox"/> Fixed, non-removeable | FL-FMI | Standard |
| <input type="checkbox"/> Quick Release Option | FL-QR | \$ 85.00 |

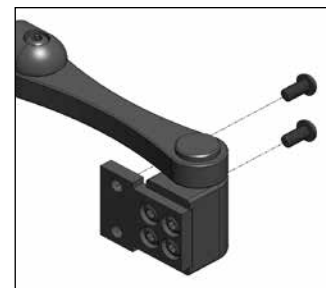
NOTE: The Ride FlexLoc Mount can be interfaced with most any wheelchair configuration. Contact Ride Designs for a solution to your mounting challenge.



Fixed Ride FlexLoc Mount



Quick Release Option



Adapter Plate

* All prices are in U.S. dollars.

3. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Original firm, breathable composite foam liner	RCB-FB	\$ 0.00
<input type="checkbox"/> Soft, open-cell polyurethane foam liner (increases each lateral support thickness by 1/2" and may result in compromise of postural correction)	RCB-FS	\$ 150.00
For soft foam option, select one cover:		
<input type="checkbox"/> Spacer fabric cover	RCB-SFC	\$ 0.00
<input type="checkbox"/> Wipeable, incontinence-proof cover	RCB-IC	\$ 0.00

4. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Soft Fit (for use with firm foam option only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by 1/2" and may result in compromise of postural correction.	RCB-SF	\$ 357.00
<input type="checkbox"/> Complete back (including laterals)		
<input type="checkbox"/> Center only (excludes laterals)		
<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.	RCB-ERFP	\$ 315.00
Axillary support pad Typically used for distribution of corrective forces near the axilla on concave side of scoliosis.		
<input type="checkbox"/> Left	RCB-ASP-L	\$ 184.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 184.00
Extended depth lateral thoracic support**		
<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-L	\$ 305.00
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-R	\$ 305.00
— 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.	RCB-EHLTS-L	\$ 200.00
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB-EHLTS-R	\$ 200.00
Extended back height		
<input type="checkbox"/> Extend back height _____" above reference line.	RCB-EBH	\$ 305.00
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.		
<input type="checkbox"/> External stainless steel reinforced lateral thoracic supports**	RCB-RLTS	\$ 400.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 294.00

PHOTOS??
JUST CHECKING.

* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$400.) are required if laterals are over 6" deep.

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.	RCB-UHMP	\$ 168.00
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM	\$ 252.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-SHG	\$ 100.00
<input type="checkbox"/> Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB-SHGI	\$ 173.00



Universal Headrest Mounting Plate.

Privacy flap

Covers gap between cushion and back support.

Size

<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB-PFS	\$ 136.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 136.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 136.00



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

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 _____"	RCB-AP-4	\$ 362.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 362.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 362.00



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

6. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-SFCA	\$ 341.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 341.00

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.	RCB-DGK	\$ 455.00



Abdominal Support Panel.

Total: _____

* All prices are in U.S. dollars.

