

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.

- New Ride Custom Cushion 2 (RCC200)
Ride Custom Back (RCB100)
Original Ride Custom Cushion (RCC100)

Account #
PO #
Date
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

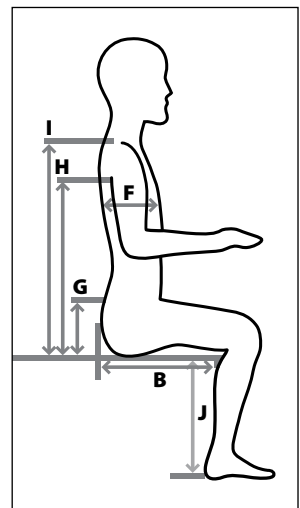
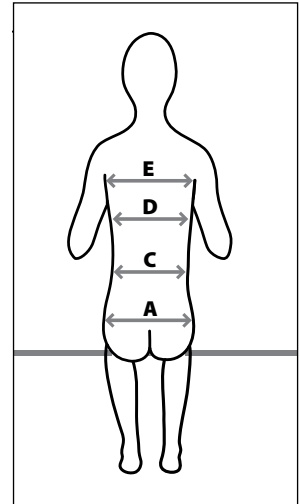
Client Information

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



Mobility Base Specifications

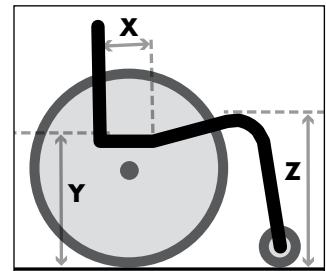
Wheelchair Make
Model
Frame Width
Depth

RideWorks® Custom Cushion Order Form

Client First and Last Name _____

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	RCC2BC	\$ 126.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-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	RCC-CMP	\$ 400.00
<input type="checkbox"/> Ergo frame: provide measurement "X" ____ (see illustration at right) "Y" Rear seat to floor height ____ "Z" Front seat to floor height ____	RCC2-ERGO	\$ 125.00



Ergo frame measurement needed.

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"	RCC2-____ (width)	No charge
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCC2-W____ (width)	\$ 130.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$ 130.00

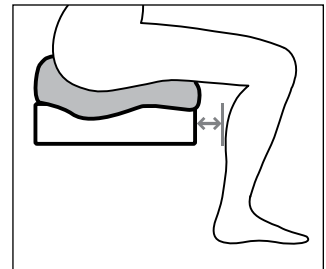
NOTE: For cushion widths greater than 24," please call for a quote.

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.

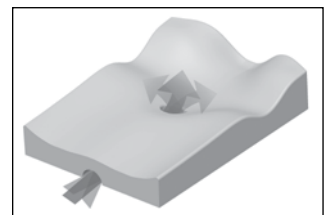
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Equal to Shape Capture Base length	RCC2-CLAC	Standard
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC2-CLSL	No charge
Asymmetrical 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	RCC2-CLALL	\$ 126.00
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	RCC2-CLALR	

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



5. Modifications

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 1" undercut	RCC-UC1	\$ 68.00
<input type="checkbox"/> Cross brace notches L _____" R _____" (as measured from front of back canes to center of cross-brace)	RCC-WC003CB	\$ 79.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 79.00
<input type="checkbox"/> Ventilation channel	RCC2-VC	\$ 147.00

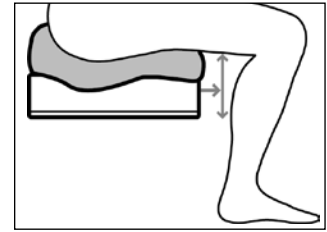


Custom ventilation channel helps manage heat and moisture.

* All prices are in U.S. dollars.

6. Sitting Height

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



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).

7. Cushion Contour

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Off-load bony prominences Off-loads bony prominences and enhances loading of areas tolerant of pressure and shear for best skin protection, postural control and microclimate.	RCC2-OBP	Standard
<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.	RCC2-WI	\$ 45.00
<input type="checkbox"/> Additional Ride CAM® wedge kit	RCC2-WK	\$ 35.00
<input type="checkbox"/> Full contact Cushion manufactured as captured (compromises air flow and microclimate management at bony prominences). △WARNING: Full contact is not recommended for users at high risk of skin breakdown.	RCC-FC	No charge



Determine targeted front of cushion height (front view).

8. 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	RCC-MTAC	Standard
<input type="checkbox"/> Eliminate	RCC-MTE	\$ 53.00
<input type="checkbox"/> Increase _____"	RCC-MTI	\$ 111.00
<input type="checkbox"/> Decrease _____" or as marked on Shape Capture Bag	RCC-MTD	Standard
Lateral Thigh Support		
LEFT		
<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTEL	\$ 53.00
<input type="checkbox"/> Increase _____"	RCC-LTIL	\$ 111.00
<input type="checkbox"/> Decrease _____" or as marked on Shape Capture Bag	RCC-LTDL	Standard
RIGHT		
<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTER	\$ 53.00
<input type="checkbox"/> Increase _____"	RCC-LTIR	\$ 111.00
<input type="checkbox"/> Decrease _____" or as marked on Shape Capture Bag	RCC-LTDR	Standard
<input type="checkbox"/> Front cushion reinforcement	RCC-CR	\$ 262.00

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RideWorks® Custom Cushion Order Form
Client First and Last Name _____

9. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> One breathable spacer fabric zip cover included		Standard
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 74.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 137.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM3	\$ 149.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 200.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 74.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 137.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM3	\$ 149.00
<input type="checkbox"/> Incontinent cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC-IC	\$ 242.00

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.)	RCC2-DGK	\$ 247.00

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.

* All prices are in U.S. dollars.



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