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Ride® Custom Systems Face Sheet :~)

Fields highlighted in red are required.

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.

- Options for Ride Custom Cushion 2 (RCC200), Ride Custom Back (RCB100), and Original Ride Custom Cushion (RCC100) with shape provided via RideWorks scan or other methods.

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

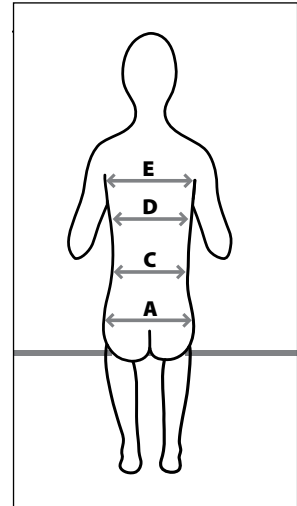
Ship to (if different from above)

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



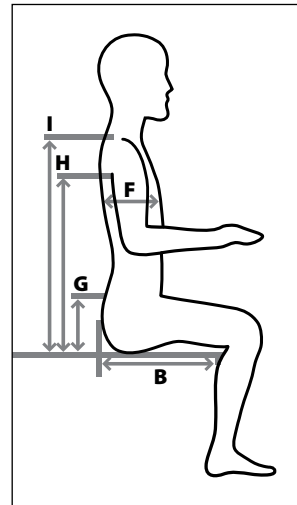
Client Information

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



Mobility Base Specifications

Wheelchair Make, Model, Frame Width, Depth

RideWorks® Custom Cushion Order Form

Client First and Last Name _____

2. Cushion/Wheelchair Interface

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Flat Bottom for solid seat		Standard
<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

3. Cushion Width (Actual cushion width will be ½" 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

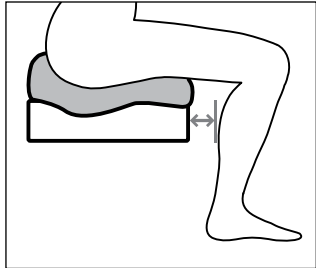
NOTE: Virtually any size cushion can be built. Call for a quote.

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	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.

RideWorks® Custom Cushion Order Form

Client First and Last Name _____

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

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

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 _____"	RCC-MTD	\$ 111.00
<input type="checkbox"/> Decrease as marked on Shape Capture Bag	RCC-MTD	\$ 111.00
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 _____"	RCC-LTDL	\$ 111.00
<input type="checkbox"/> Decrease as marked on Shape Capture Bag	RCC-LTDL	\$ 111.00
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 _____"	RCC-LTDR	\$ 111.00
<input type="checkbox"/> Decrease as marked on Shape Capture Bag	RCC-LTDR	\$ 111.00
<input type="checkbox"/> Front cushion reinforcement	RCC-CR	\$ 262.00

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-EM	\$ 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-EM	\$ 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
<input type="checkbox"/> Four point hook and loop attachment (Standard is two point attachment at bottom front of cushion)	RCC-RL	No charge

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.

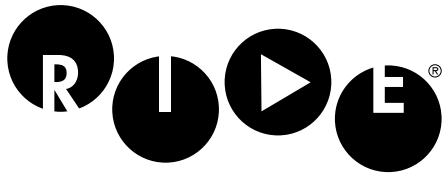
* All prices are in U.S. dollars.



Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com



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 February 1, 2018.

- Ride Custom Back** (Model #: RCB100) Medicare HCPCS Code E2617
Includes custom ventilated contoured seat back shell, with breathable composite foam interface insert, spacer fabric cover, and FlexLoc® mounting hardware.
- Ride Custom Back, for Commode Back** (Model #: RCB100)
Includes custom ventilated contoured seat back shell lined with vinyl nitrile 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 and Order form (enclose one copy of each in box with cast)

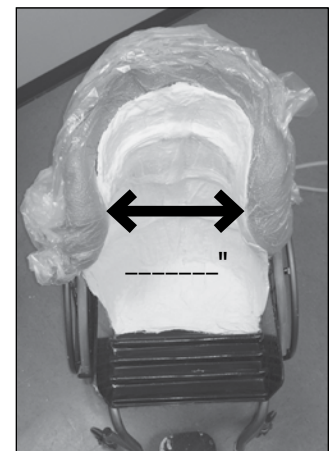
Mark cast with following information:

- 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?

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 > 20"		
<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

*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 and the FlexLoc Adapter Plate.

- | | | |
|---|-------|----------|
| <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 |

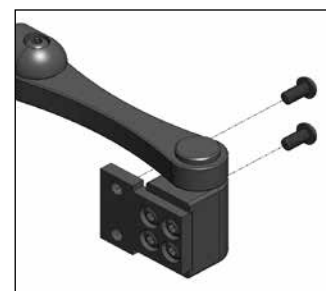
NOTE: The Ride FlexLoc Mount can be interfaced with most any wheelchair configuration. Contact Ride Designs for a solution to your mounting challenge.



Fixed Ride FlexLoc Mount



Quick Release Option



Adapter Plate

Continue on page 8

3. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Soft Fit Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases lateral support thickness by ½" and may result in compromise of postural correction. <input type="checkbox"/> Complete back (including laterals) <input type="checkbox"/> Center only (excludes laterals)	RCB-SF	\$ 357.00
<input type="checkbox"/> Enhanced relief with reticulated foam padding 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 NOTE: Reinforcement is required if laterals are over 6" deep.	RCB-RLTS	\$ 400.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 294.00

PHOTOS??
 JUST CHECKING.



Universal Headrest Mounting Plate.

4. 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



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

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4. Accessories (continued)

Item	Part Number	Mfr. Sugg. Retail Price*
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



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

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



Abdominal Support Panel.

5. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-COVER	\$ 341.00

6. 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

Total: _____

Combined Custom Cushion and Custom Back Total: _____

