



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® Forward™ Cushion Order Form

Supplier Name & Address

Phone _____
Fax _____

Ship To

Phone _____
Fax _____

Details

Account # _____
P.O. # _____
Purchaser _____
Mark for _____
Date _____

1. Ride Forward Cushion (E2607, skin protection and positioning wheelchair seat cushion)

	Forward Cushion Size (width x depth)	Part Number Complete	Mfr. Sugg. Retail Price* Complete	Fits Wheelchair Widths	Fits Wheelchair Depths	Quantity	Total
P	10 x 10" 25 x 25cm	FCD-1010	\$447.00	9/10" 23/25cm	9/10" 23/25cm		
P	10 x 12" 25 x 30cm	FCD-1012	\$447.00	9/10" 23/25cm	11/12" 28/30cm		
P	12 x 12" 30 x 30cm	FCD-1212	\$447.00	11/12" 28/30cm	11/12" 28/30cm		
P	12 x 14" 30 x 36cm	FCD-1214	\$447.00	11/12" 28/30cm	13/14" 33/36cm		
P	12 x 16" 30 x 41cm	FCD-1216	\$447.00	11/12" 28/30cm	15/16" 38/41cm		
	14 x 14" 36 x 36cm	FCD-1414	\$447.00	13/14" 33/36cm	13/14" 33/36cm		
	14 x 16" 36 x 41cm	FCD-1416	\$447.00	13/14" 33/36cm	15/16" 38/41cm		
	14 x 18" 36 x 46cm	FCD-1418	\$447.00	13/14" 33/36cm	17/18" 43/46cm		
	15 x 15" 38 x 38cm	FCD-1515	\$447.00	14/15" 36/38cm	14/15" 36/38cm		
	15 x 17" 38 x 43cm	FCD-1517	\$447.00	14/15" 36/38cm	16/17" 41/43cm		
	16 x 16" 41 x 41cm	FCD-1616	\$447.00	15/16" 38/41cm	15/16" 38/41cm		
	16 x 18" 41 x 46cm	FCD-1618	\$447.00	15/16" 38/41cm	17/18" 43/46cm		
	16 x 20" 41 x 51cm	FCD-1620	\$447.00	15/16" 38/41cm	19/20" 48/51cm		
	17 x 17" 43 x 43cm	FCD-1717	\$447.00	16/17" 41/43cm	16/17" 41/43cm		
	18 x 16" 46 x 41cm	FCD-1816	\$447.00	17/18" 43/46cm	15/16" 38/41cm		
	18 x 18" 46 x 46cm	FCD-1818	\$447.00	17/18" 43/46cm	17/18" 43/46cm		
	18 x 20" 46 x 51cm	FCD-1820	\$447.00	17/18" 43/46cm	19/20" 48/51cm		
	20 x 16" 51 x 41cm	FCD-2016	\$447.00	19/20" 48/51cm	15/16" 38/41cm		
	20 x 18" 51 x 46cm	FCD-2018	\$447.00	19/20" 48/51cm	17/18" 43/46cm		
	20 x 20" 51 x 51cm	FCD-2020	\$447.00	19/20" 48/51cm	19/20" 48/51cm		

Subtotal Ride Forward Cushions _____

Return Policy

Ride Forward Cushions may be returned if they are in their original, sealed, Ride plastic bag. Returns are subject to a 10% restocking fee.

Custom modified cushions are returnable for a 50% restocking fee within 90 days if the original seal is not broken.

*All prices are in U.S. dollars.

Have you considered a back support?



The Java® Back Support:

- patented biomechanical design
- easy adjustments
- breathable
- width/height/depth options
- simple attachment
- crash tested

Don't see the size you need?

Custom sizes and modifications are available. Ask for a quote.

P = Contoured and sized for pediatric application.

Continue on page 2

2. Modifications

Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
Leg Length Discrepancy Modifications (check one for each side, if needed)				
LEFT	<input type="checkbox"/> minus 1" / 3cm	CM-ALL	\$158.00	
	<input type="checkbox"/> minus 2" / 5cm			
	<input type="checkbox"/> minus 3" / 8cm			
	<input type="checkbox"/> minus 4" / 10cm			
RIGHT	<input type="checkbox"/> minus 1" / 3cm	CM-ALR	\$158.00	
	<input type="checkbox"/> minus 2" / 5cm			
	<input type="checkbox"/> minus 3" / 8cm			
	<input type="checkbox"/> minus 4" / 10cm			
Upcharge for extra Covers with Leg Length Discrepancies				
LEFT	CM-EXALL	\$ 79.00		
RIGHT	CM-EXALR	\$ 79.00		

3. Additional Forward Cushion Accessories / Items

Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
Outer Cover Only -- specify Cushion width x length --	FCE-_____	\$132.00		
Ride CAM® Wedge Kit** -- specify Cushion width --	FCD-WK _____	\$ 53.00		
1"/ 3cm Cushion Orientation Wedge***				
For 10"/ 25cm cushion widths	OW-1010	\$ 79.00		
For 12"/ 30cm cushion widths	OW-1212	\$ 79.00		
For 14"/ 36cm cushion widths	OW-1414	\$ 79.00		
For 15"/38cm and 16"/41cm cushion widths	OW-1616	\$ 79.00		
For 17"/ 43cm and 18"/ 46cm cushion widths	OW-1816	\$ 79.00		
For 19"/ 48cm and 20"/51cm cushion widths	OW-2016	\$ 79.00		
Subtotal Additional Forward Items				

TOTAL from all categories _____

* All prices are in U.S. dollars.

** NOTE: Each kit contains two (2) Ride CAM wedges for 14 - 20" (36 - 51cm) width cushions only.

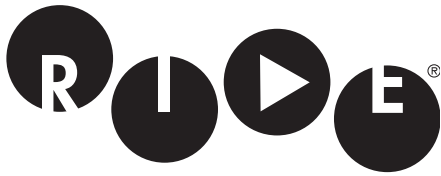
*** Designed to fit outside of cushion cover.

Ride CAM® Wedge Kit



Use Ride CAM Wedges **symmetrically** (shown above) to promote more upright posture and decrease ischial pressure or **asymmetrically** to help level a flexible pelvic obliquity.

Each kit contains two (2) Ride CAM wedges for 14 - 20" (36 - 51cm) width cushions only.



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Ride® Java® Cushion Order Form

Supplier Name & Address

Phone _____
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Account # _____
P.O. # _____
Purchaser _____
Mark for _____
Date _____

1. Ride Java Cushion (E2624)

NOTE: The Ride Java Cushion comes complete with breathable spacer fabric cover, one pair of Ride CAM® Wedges and two Ride Gauges. Modified sizes available below in section 2.

Java Cushion Size (width x depth)	Part Number Complete	Fits Wheelchair Widths	Fits Wheelchair Depths	Mfr. Sugg. Retail Price* Complete	Quantity	Total
14 x 14" 36 x 36cm	JC-1414	14" 36cm	14" 36cm	\$475.00		
14 x 16" 36 x 41cm	JC-1416	14" 36cm	16" 41cm	\$475.00		
15 x 15" 38 x 38cm	JC-1515	15" 38cm	15" 38cm	\$475.00		
15 x 17" 38 x 43cm	JC-1517	15" 38cm	17" 43cm	\$475.00		
16 x 16" 41 x 41cm	JC-1616	16" 41cm	16" 41cm	\$475.00		
16 x 18" 41 x 46cm	JC-1618	16" 41cm	18" 46cm	\$475.00		
16 x 20" 41 x 51cm	JC-1620	16" 41cm	20" 51cm	\$475.00		
17 x 17" 43 x 43cm	JC-1717	17" 43cm	17" 43cm	\$475.00		
18 x 16" 46 x 41cm	JC-1816	18" 46cm	16" 41cm	\$475.00		
18 x 18" 46 x 46cm	JC-1818	18" 46cm	18" 46cm	\$475.00		
18 x 20" 46 x 51cm	JC-1820	18" 46cm	20" 51cm	\$475.00		
20 x 16" 51 x 41cm	JC-2016	20" 51cm	16" 41cm	\$475.00		
20 x 18" 51 x 46cm	JC-2018	20" 51cm	18" 46cm	\$475.00		
20 x 20" 51 x 51cm	JC-2020	20" 51cm	20" 51cm	\$475.00		

Subtotal Ride Java Cushions _____

2. Modifications

Don't see the size you need above? Modified sizes are available at no additional charge.

Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
Modified Java Cushion Sizes - specify width and depth (Refer to available size chart below)				
Widths	Depths			
12-13" 30-33cm	12-16" 30-41cm			
14" 36cm	12-18" 30-46cm	JC-_____	\$475.00	
15-20" 38-51cm	14-20" 36-51cm	width depth		

SUBTOTAL from all categories _____

Return Policy

Ride Java Cushions may be returned within 90 days of delivery to the customer if they are in their original, sealed product plastic bag and box. Returns are subject to a 10% restocking fee. Modified cushions are returnable for a 50% restocking fee within 90 days if the original seal is not broken. **Return authorization is required** for any return and can be obtained by contacting Customer Care.

*All prices are in U.S. dollars.

Don't forget a back support!



The Ride® Java® Back:

- adjusts to fit unique contours
- offers width, height, and depth options for best fit
- adjusts easily for quick, accurate fitting
- helps eliminate heat and moisture buildup
- attaches simply / lightweight

Medicare Code E2615

Continue on page 2

2. Modifications (continued)

Item	Part Number	Mfr. Sugg. Retail Price*	Total
Leg Length Discrepancy Modifications (check one for each side, if needed)			
LEFT <input type="checkbox"/> minus 1" / 3cm	CM-ALL	\$150.00	_____
<input type="checkbox"/> minus 2" / 5cm			
<input type="checkbox"/> minus 3" / 8cm			
<input type="checkbox"/> minus 4" / 10cm			
RIGHT <input type="checkbox"/> minus 1" / 3cm	CM-ALR	\$150.00	_____
<input type="checkbox"/> minus 2" / 5cm			
<input type="checkbox"/> minus 3" / 8cm			
<input type="checkbox"/> minus 4" / 10cm			
Upcharge for Covers with Leg Length Discrepancies			
LEFT	CM-EXALL	\$ 75.00	_____
RIGHT	CM-EXALR	\$ 75.00	_____
Rear Cane Notches	JC-CCN	\$150.00	_____

3. Additional Java Cushion Accessories / Items

Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
Reticulated Foam Well Insert Kit**	JC-WI	\$ 45.00		
Ride CAM® Wedge Kit**	JC-WK	\$ 35.00		
1" / 3cm Lateral Thigh Support Wedge (pair)**	JC-LTS	\$ 35.00		
1" / 3cm Medial Thigh Support Insert**	JC-MTS	\$ 35.00		
1" / 3cm Cushion Orientation Wedge***				
For 14" / 36cm cushion widths	OW-1414	\$ 75.00		
For 15" / 38cm and 16" / 41cm cushion widths	OW-1616	\$ 75.00		
For 17" / 43cm and 18" / 46cm cushion widths	OW-1816	\$ 75.00		
For 19" / 48cm and 20" / 51cm cushion widths	OW-2016	\$ 75.00		
Extra Cushion Cover (insert cushion size)	JCE-_____	\$190.00		
Complete Accessory Kit includes: One pair Ride CAM® Wedge Kit, two pair Medial/Lateral Thigh Supports and one Well Insert Kit	JC-TK	\$145.00		
Subtotal items above				_____
Subtotal from page 1				_____
TOTAL				_____

* All prices are in U.S. dollars.

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

*** Designed to fit outside of cushion cover.

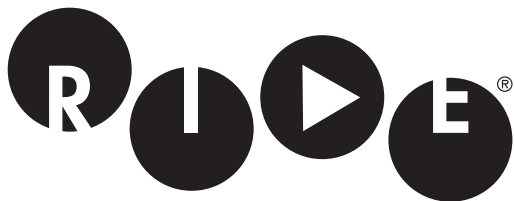
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 8100 SouthPark Way, C400
 Littleton, Colorado 80120 USA

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Supplier Name & Address

Ship To

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Phone

Phone

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Account #

P.O. #

Purchaser

Mark for

Date

Ride® Java® Back Order Form — U.S.

1. Ride Java Back

Prices effective February 2, 2015.

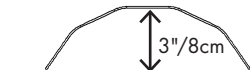
NOTE: The Ride Java back support includes one pair of pelvic wedges and one pair of Flexa-just™ stays.

Select from two depths...

JB-1418
\$658.00

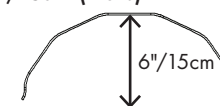
Please circle desired part number and indicate quantity by writing numeral adjacent to circled part number. Manufacturer Suggested Retail Price* is listed below part number.

3"/8cm (E2615)



Regular

6"/15cm (E2620)

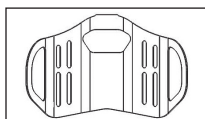


Deep

Wheelchair Width ►

	14"/ 36cm	15"/ 38cm	16"/ 41cm	17"/ 43cm	18"/ 46cm	19"/ 48cm	20"/ 51cm
Wheelchair Minimum/Maximum	13-16"/ 33-41cm	14-17"/ 36-43cm	15-18"/ 38-46cm	16-19"/ 41-48cm	17-20"/ 43-51cm	18-21"/ 46-53cm	19-22"/ 48-56cm

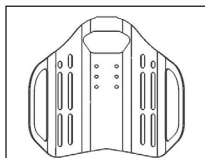
Regular (Below Scapula)



▼ Height

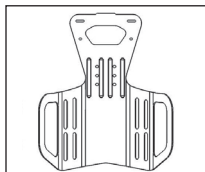
14"/36cm	JB-1414	JB-1514	JB-1614	JB-1714	JB-1814	JB-1914	JB-2014
	\$658.00	\$658.00	\$658.00	\$658.00	\$658.00	\$658.00	\$658.00

Tall (Mid-Scapula)



18"/46cm	JB-1418	JB-1518	JB-1618	JB-1718	JB-1818	JB-1918	JB-2018
	\$658.00	\$658.00	\$658.00	\$658.00	\$658.00	\$658.00	\$658.00

Grande (Shoulder Height)



22"/56cm	JB-1422	JB-1522	JB-1622	JB-1722	JB-1822	JB-1922	JB-2022
	\$682.00	\$682.00	\$682.00	\$682.00	\$682.00	\$682.00	\$682.00

14"/ 36cm	15"/ 38cm	16"/ 41cm	17"/ 43cm	18"/ 46cm	19"/ 48cm	20"/ 51cm
13-16"/ 33-41cm	14-17"/ 36-43cm	15-18"/ 38-46cm	16-19"/ 41-48cm	17-20"/ 43-51cm	18-21"/ 46-53cm	19-22"/ 48-56cm

JB-1414DP	JB-1514DP	JB-1614DP	JB-1714DP	JB-1814DP	JB-1914DP	JB-2014DP
\$797.00	\$797.00	\$797.00	\$797.00	\$797.00	\$797.00	\$797.00

JB-1418DP	JB-1518DP	JB-1618DP	JB-1718DP	JB-1818DP	JB-1918DP	JB-2018DP
\$797.00	\$797.00	\$797.00	\$797.00	\$797.00	\$797.00	\$797.00

JB-1422DP	JB-1522DP	JB-1622DP	JB-1722DP	JB-1822DP	JB-1922DP	JB-2022DP
\$821.00	\$821.00	\$821.00	\$821.00	\$821.00	\$821.00	\$821.00

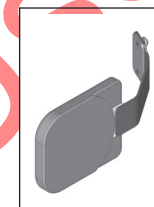
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TOTAL

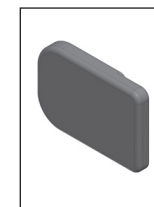
Patents: www.ridedesigns.com/patents
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2. Java Back Accessories

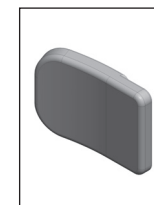
Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
FIXED lateral trunk support (each)				
Note: Not compatible with Deep (6"/15cm) Java Back.				
Fits 14"/36cm Java Back width				
Flat Pad				
<input type="checkbox"/> 3 x 5"/8 x 13cm	JB-L007	\$ 245.00		
<input type="checkbox"/> 4 x 6"/10 x 15cm	JB-L008	\$ 245.00		
<input type="checkbox"/> 5 x 6"/13 x 15cm	JB-L009	\$ 245.00		
Curved Pad				
<input type="checkbox"/> 3 x 5"/8 x 13cm	JB-L010	\$ 245.00		
<input type="checkbox"/> 4 x 6"/10 x 15cm	JB-L011	\$ 245.00		
<input type="checkbox"/> 5 x 6"/13 x 15cm	JB-L012	\$ 245.00		
Fits 15 - 20"/38-51cm Java Back width				
Flat Pad				
<input type="checkbox"/> 3 x 5"/8 x 13cm	JB-L013	\$ 245.00		
<input type="checkbox"/> 4 x 6"/10 x 15cm	JB-L014	\$ 245.00		
<input type="checkbox"/> 5 x 6"/13 x 15cm	JB-L015	\$ 245.00		
Curved Pad				
<input type="checkbox"/> 3 x 5"/8 x 13cm	JB-L016	\$ 245.00		
<input type="checkbox"/> 4 x 6"/10 x 15cm	JB-L017	\$ 245.00		
<input type="checkbox"/> 5 x 6"/13 x 15cm	JB-L018	\$ 245.00		
SWING-AWAY lateral trunk support (each)				
Note: Not compatible with Deep (6"/15cm) Java Back.				
Fits 14"/36cm Java Back width				
Flat Pad				
3 x 5"/8 x 13cm	<input type="checkbox"/> JB-L031	<input type="checkbox"/> JB-L032	\$ 405.00	
4 x 6"/10 x 15cm	<input type="checkbox"/> JB-L033	<input type="checkbox"/> JB-L034	\$ 405.00	
5 x 6"/13 x 15cm	<input type="checkbox"/> JB-L035	<input type="checkbox"/> JB-L036	\$ 405.00	
Curved Pad				
3 x 5"/8 x 13cm	<input type="checkbox"/> JB-L037	<input type="checkbox"/> JB-L038	\$ 405.00	
4 x 6"/10 x 15cm	<input type="checkbox"/> JB-L039	<input type="checkbox"/> JB-L040	\$ 405.00	
5 x 6"/13 x 15cm	<input type="checkbox"/> JB-L041	<input type="checkbox"/> JB-L042	\$ 405.00	



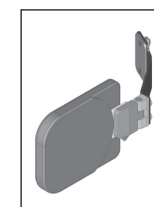
Fixed Lateral Trunk Support



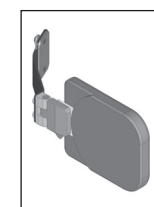
Flat Pad



Curved Pad



Swing-Away (Left) Lateral Trunk Support



Swing-Away (Right) Lateral Trunk Support

Fits **15 - 20"/38-51cm** Java Back width (continued on next page)

TOTAL _____

Java Back Accessories (continued)

Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
Swing-away lateral trunk support (each)				
Note: Not compatible with Deep (6"/15cm) Java Back.				
Fits 15 - 20"/38-51cm Java Back width				
Flat Pad	Left	Right		
3 x 5"/8 x 13cm	<input type="checkbox"/> JB-L043	<input type="checkbox"/> JB-L044	\$ 405.00	
4 x 6"/10 x 15cm	<input type="checkbox"/> JB-L045	<input type="checkbox"/> JB-L046	\$ 405.00	
5 x 6"/13 x 15cm	<input type="checkbox"/> JB-L047	<input type="checkbox"/> JB-L048	\$ 405.00	
Curved Pad				
3 x 5"/8 x 13cm	<input type="checkbox"/> JB-L049	<input type="checkbox"/> JB-L050	\$ 405.00	
4 x 6"/10 x 15cm	<input type="checkbox"/> JB-L051	<input type="checkbox"/> JB-L052	\$ 405.00	
5 x 6"/13 x 15cm	<input type="checkbox"/> JB-L053	<input type="checkbox"/> JB-L054	\$ 405.00	
<input type="checkbox"/> Additional Flexa-just™ stays (pair)	JB-FAS	\$ 38.00		
Extra outer cover				
<input type="checkbox"/> Standard depth (specify width, height)	CJB- _____	\$ 153.00		
<input type="checkbox"/> Deep depth (specify width, height)	CJB- _____ DP	\$ 185.00		
<input type="checkbox"/> Additional pelvic wedges (pair)	JB-PW	\$ 45.00		
<input type="checkbox"/> Quickie® fold-down push handle adaptor	6000-391	\$ 30.00		
Ride Privacy Flap				
<input type="checkbox"/> SMALL (fits Java Back width 14"/36cm)	JB-PFS	\$ 40.00		
<input type="checkbox"/> MEDIUM (fits Java Back widths 15-17"/38-43cm)	JB-PFM	\$ 40.00		
<input type="checkbox"/> LARGE (fits Java Back widths 18-20"/46-51cm)	JB-PFL	\$ 40.00		

TOTAL this page

+ TOTAL from pages 1 & 2

TOTAL

Return Policy

Ride Java Backs may be returned if they are in their original, sealed, Ride plastic bag.

All returns are subject to a 10% restocking fee.

* All prices are in U.S. dollars.

**Ride Designs®**

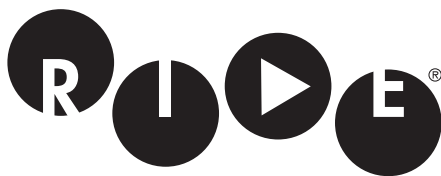
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Littleton, Colorado 80120 USA

www.ridedesigns.com

Patents: www.ridedesigns.com/patents
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Ride® Java® Decaf Back Order Form — U.S.

Supplier Name & Address	Ship To	Details
_____	_____	Account # _____
_____	_____	P.O. # _____
_____	_____	Purchaser _____
Phone _____	Phone _____	Mark for _____
Fax _____	Fax _____	Date _____

1. Ride Java Decaf Back for Pediatrics (E2615)

NOTE: The Ride Java Decaf back support includes one pair of pelvic wedges and one pair of Flexa-just™ stays, and utilizes the Ride FlexLoc® hardware for wheelchair attachment. Select either fixed non-removable attachment (-FM) or quick-release attachment (-QR).

Ride Java Decaf Back Width	Ride Java Decaf Back Height	Part Number <small>FM = Fixed non-removable attachment QR = Quick-Release attachment</small>	Fits Wheelchair Width	Mfr. Sugg. Retail Price* Complete	Quantity	Total
10"	10" Regular	JB-1010D-FM	10-15"	\$691.00		
10"	10" Regular	JB-1010D-QR	10-15"	\$781.00		
10"	13" Tall	JB-1013D-FM	10-15"	\$691.00		
10"	13" Tall	JB-1013D-QR	10-15"	\$781.00		
12"	12" Regular	JB-1212D-FM	10-15"	\$691.00		
12"	12" Regular	JB-1212D-QR	10-15"	\$781.00		
12"	15" Tall	JB-1215D-FM	10-15"	\$691.00		
12"	15" Tall	JB-1215D-QR	10-15"	\$781.00		
13"	12" Regular	JB-1312D-FM	10-15"	\$691.00		
13"	12" Regular	JB-1312D-QR	10-15"	\$781.00		
13"	15" Tall	JB-1315D-FM	10-15"	\$691.00		
13"	15" Tall	JB-1315D-QR	10-15"	\$781.00		
14"	12" Regular	JB-1412D-FM**	10-15"	\$691.00		
14"	12" Regular	JB-1412D-QR**	10-15"	\$781.00		
14"	15" Tall	JB-1415D-FM**	10-15"	\$691.00		
14"	15" Tall	JB-1415D-QR**	10-15"	\$781.00		

2. Java Decaf Growth Kit

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit	JB-GK _____	\$ 370.00

The Java Decaf growth kit includes a new shell, foam and a cover. New mounting hardware is not required. Decaf hardware can be reused with any size Decaf shell.

Specify shell width and height.

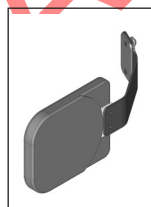
****NOTE:** 14" x 12" Decaf Backs can be grown to a maximum size of 14" x 15." Java Decaf Backs sized 14" x 15" can not be grown. (Select a Java Back for sizes larger than 14" x 15.")

Prices effective April 4, 2022.

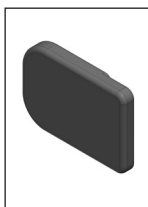
TOTAL _____

3. Available Java Decaf Accessories

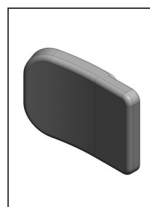
Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
FIXED lateral trunk support (each)				
Fits 10" Java Decaf Back width				
Flat Pad				
<input type="checkbox"/> 3 x 5"	JB-L001	\$ 245.00		
<input type="checkbox"/> 4 x 6"	JB-L002	\$ 245.00		
<input type="checkbox"/> 5 x 6"	JB-L003	\$ 245.00		
Curved Pad				
<input type="checkbox"/> 3 x 5"	JB-L004	\$ 245.00		
<input type="checkbox"/> 4 x 6"	JB-L005	\$ 245.00		
<input type="checkbox"/> 5 x 6"	JB-L006	\$ 245.00		
Fits 12 - 14" Java Decaf Back width				
Flat Pad				
<input type="checkbox"/> 3 x 5"	JB-L007	\$ 245.00		
<input type="checkbox"/> 4 x 6"	JB-L008	\$ 245.00		
<input type="checkbox"/> 5 x 6"	JB-L009	\$ 245.00		
Curved Pad				
<input type="checkbox"/> 3 x 5"	JB-L010	\$ 245.00		
<input type="checkbox"/> 4 x 6"	JB-L011	\$ 245.00		
<input type="checkbox"/> 5 x 6"	JB-L012	\$ 245.00		
SWING-AWAY lateral trunk support (each)				
Fits 10" Java Decaf Back width				
Flat Pad				
	Left	Right		
<input type="checkbox"/> 3 x 5"	<input type="checkbox"/> JB-L019	<input type="checkbox"/> JB-L020	\$ 405.00	
<input type="checkbox"/> 4 x 6"	<input type="checkbox"/> JB-L021	<input type="checkbox"/> JB-L022	\$ 405.00	
<input type="checkbox"/> 5 x 6"	<input type="checkbox"/> JB-L023	<input type="checkbox"/> JB-L024	\$ 405.00	
Curved Pad				
<input type="checkbox"/> 3 x 5"	<input type="checkbox"/> JB-L025	<input type="checkbox"/> JB-L026	\$ 405.00	
<input type="checkbox"/> 4 x 6"	<input type="checkbox"/> JB-L027	<input type="checkbox"/> JB-L028	\$ 405.00	
<input type="checkbox"/> 5 x 6"	<input type="checkbox"/> JB-L029	<input type="checkbox"/> JB-L030	\$ 405.00	
Fits 12 - 14" Java Decaf Back width				
Flat Pad				
	Left	Right		
<input type="checkbox"/> 3 x 5"	<input type="checkbox"/> JB-L031	<input type="checkbox"/> JB-L032	\$ 405.00	
<input type="checkbox"/> 4 x 6"	<input type="checkbox"/> JB-L033	<input type="checkbox"/> JB-L034	\$ 405.00	
<input type="checkbox"/> 5 x 6"	<input type="checkbox"/> JB-L035	<input type="checkbox"/> JB-L036	\$ 405.00	
Curved Pad				
<input type="checkbox"/> 3 x 5"	<input type="checkbox"/> JB-L037	<input type="checkbox"/> JB-L038	\$ 405.00	
<input type="checkbox"/> 4 x 6"	<input type="checkbox"/> JB-L039	<input type="checkbox"/> JB-L040	\$ 405.00	
<input type="checkbox"/> 5 x 6"	<input type="checkbox"/> JB-L041	<input type="checkbox"/> JB-L042	\$ 405.00	



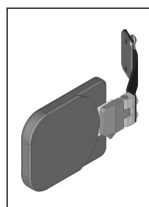
Fixed Lateral Trunk Support



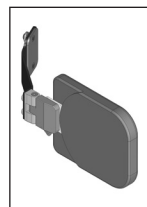
Flat Pad



Curved Pad



Swing-Away (Left) Lateral Trunk Support



Swing-Away (Right) Lateral Trunk Support

TOTAL _____

Available Java Decaf Accessories (continued)

Item	Part Number	Mfr. Sugg. Retail Price*	Quantity	Total
<input type="checkbox"/> Additional Flexa-just™ stays (pair)	JB-FAS	\$ 40.00		
<input type="checkbox"/> Universal headrest mounting plate (fits tall only)	JB-UHMP	\$ 128.00		
<input type="checkbox"/> Extra outer cover: specify width, height (reg/tall)	CJB-____(____)	\$ 158.00		
<input type="checkbox"/> Additional pelvic wedges, Decaf sizes (pair)	JB-PW	\$ 48.00		
<input type="checkbox"/> Quickie® fold-down push handle adaptor	6000-391	\$ 32.00		
Ride Privacy Flap				
<input type="checkbox"/> EXTRA SMALL (fits Java Decaf Back widths 10-11")	JB-PFXS	\$ 42.00		
<input type="checkbox"/> SMALL (fits Java Decaf Back widths 12-14")	JB-PFS	\$ 42.00		

TOTAL this page _____

+ TOTAL from page 1 & 2 _____

TOTAL _____

Return Policy

Ride Java Decaf Backs may be returned if they are in their original, sealed, Ride plastic bag.
All returns are subject to a 10% restocking fee.

* All prices are in U.S. dollars.

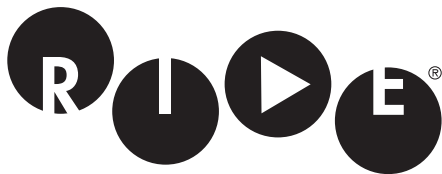


Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

8100 SouthPark Way, C400
Littleton, Colorado 80120 USA

www.ridedesigns.com



Ride® Custom 2 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 July 1, 2021.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom 2 Cushion Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200	\$1647.00
<input type="checkbox"/> Ride Custom 2 Cushion with commode opening and solid seat pan without cover	RCC200-C	\$1647.00

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 RCC-FEE \$ 281.00
- ☐ 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

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.

RideWorks® Custom 2 Cushion Order Form

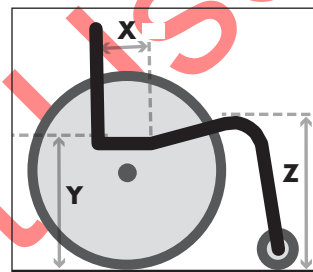
Client First and Last Name _____

2. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Standard Foam (max. weight 250 lbs.)	RCC2-SF	Standard
<input type="checkbox"/> Firm Foam (max. weight 300 lbs.)	RCC2-FF	\$ 115.00
<input type="checkbox"/> Standard Foam with front cushion reinforcement	RCC2-SF-CR	\$ 272.00
<input type="checkbox"/> Firm Foam with front cushion reinforcement	RCC2-FF-CR	\$ 410.00

3. 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	RCC-BC	\$ 131.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 131.00
<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	\$ 415.00
<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	\$ 130.00



Ergo frame measurement needed.

4. 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)	\$ 135.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$ 135.00

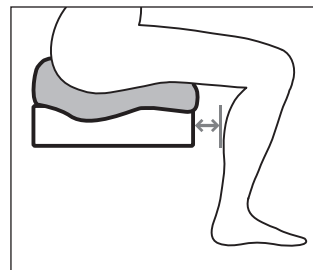
NOTE: For cushion widths greater than 24," please call for a quote.

5. 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	RCC-CLAC	Standard
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-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	RCC-CLALL	\$ 131.00
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	RCC-CLALR	



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

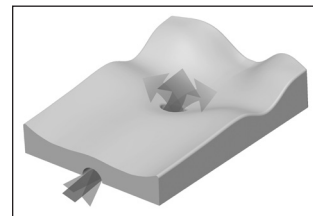
Page 4

Continue on page 5

* All prices are in U.S. dollars.

6. Modifications

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 1" undercut	RCC-UC1	\$ 72.00
<input type="checkbox"/> Cross brace notches L _____" R _____" (as measured from front of back canes to center of cross-brace)	RCC-WC003CB	\$ 83.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 83.00
<input type="checkbox"/> Ventilation channel	RCC2-VC	\$ 154.00



Custom ventilation channel helps manage heat and moisture.

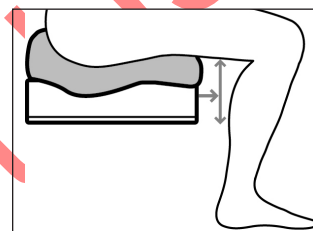
7. Sitting Height

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.

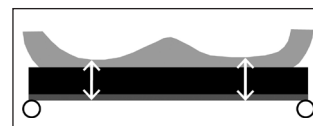
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> As captured	RCC-SHAC	Standard
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH	\$ 153.00
<input type="checkbox"/> As low as possible	RCC-SHDH	\$ 153.00



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).

8. 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	\$ 47.00
<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).

9. 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	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-MTI	\$ 116.00
<input type="checkbox"/> Decrease _____"	RCC-MTD	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-MTM	No charge

Lateral Thigh Support

LEFT

<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTEL	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIL	\$ 116.00
<input type="checkbox"/> Decrease _____"	RCC-LTDL	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTML	No charge

RIGHT

<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTER	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIR	\$ 116.00
<input type="checkbox"/> Decrease _____"	RCC-LTDR	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTMR	No charge

10. 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	\$ 78.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 143.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM3	\$ 156.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 208.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 78.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 143.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM3	\$ 156.00
<input type="checkbox"/> Outer incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC2-IC	\$ 251.00
<input type="checkbox"/> Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC-INICA	\$ 251.00

RideWorks® Custom 2 Cushion Order Form

Client First and Last Name _____

11. Additional Custom Cushion Accessories/Items

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCC-WK	\$ 37.00
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge		
<input type="checkbox"/> For 14" / 36cm cushion widths	OW-1414	\$ 79.00
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	OW-1616	\$ 79.00
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	OW-1816	\$ 79.00
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	OW-2016	\$ 79.00

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

☐ Right side of cushion

12. 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	\$ 257.00

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.

Special Instructions or Comments

NOTE: May affect price; call to request quote.

* All prices are in U.S. dollars.

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

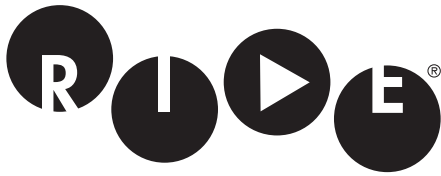


Ride Designs®
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phone 303.781.1633
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www.ridedesigns.com
customerservice@riedesigns.com

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Ride® Custom 2 Cushion and Custom Back

Fields highlighted in red are required.

Download this form and open in Adobe for optimum functionality

NOTE: Please make sure the client name on the order form matches the client name on the purchase order.

Client's First and Last Name* _____

☐ Ride Custom 2 Cushion (RCC200)

Shape provided via:

☐ RideWorks® Scan

☐ Impression Foam

☐ Other _____

☐ 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 _____

Ride 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 _____"

B. Leg length Left _____" Right _____"

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 _____"

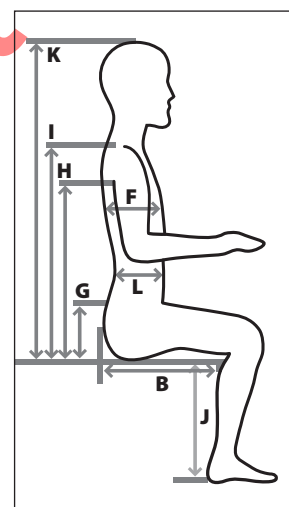
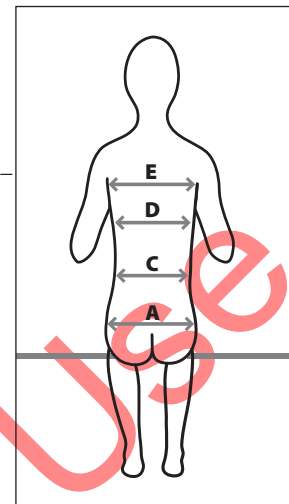
K. Top of head _____"

L. A-P abdomen _____"

Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"





Ride® Custom 2 Cushion Order Form

for Ride® Custom Cushions machine-carved from a RideWorks scanned image

Client First and Last Name _____

Prices effective April 4, 2022

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom 2 Cushion Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200	\$1697.00
<input type="checkbox"/> Ride Custom 2 Cushion with commode opening and solid seat pan without cover	RCC200-C	\$1697.00

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 RCC-FEE \$ 290.00
- ☐ 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

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.

Ride® Custom 2 Cushion Order Form

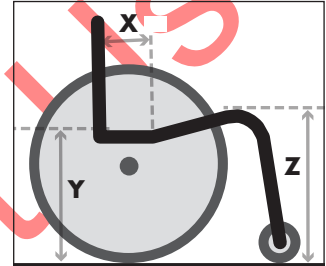
Client First and Last Name _____

2. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Standard Foam (max. weight 250 lbs.)	RCC2-SF	Standard
<input type="checkbox"/> Firm Foam (max. weight 300 lbs.)	RCC2-FF	\$ 119.00
<input type="checkbox"/> Standard Foam with front cushion reinforcement	RCC2-SF-CR	\$ 281.00
<input type="checkbox"/> Firm Foam with front cushion reinforcement	RCC2-FF-CR	\$ 423.00

3. 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	RCC-BC	\$ 135.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 135.00
<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 modifications)	RCC-CMP	\$ 428.00
<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	\$ 134.00



Ergo frame measurement needed.

4. 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)	\$ 140.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$ 140.00

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

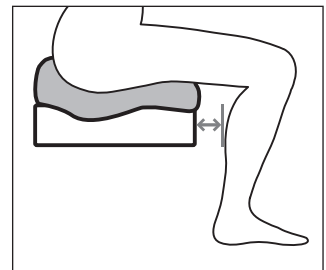
5. Cushion Length (IMPORTANT: Specify cushion length relative to front of Shape Capture Base as shown.)

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.

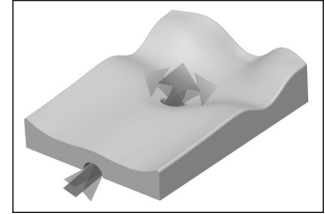
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Equal to Shape Capture Base length	RCC-CLAC	Standard
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-CLSL	No charge
Asymmetrical Length LEFT	RCC-CLALL	\$ 135.00
<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	RCC-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 _____"



6. Modifications

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 1" undercut	RCC-UC1	\$ 75.00
<input type="checkbox"/> Cross brace notches L _____" R _____" (as measured from front of back canes to center of cross-brace)	RCC-WC003CB	\$ 86.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 86.00
<input type="checkbox"/> Ventilation channel	RCC2-VC	\$ 159.00



Custom ventilation channel helps manage heat and moisture.

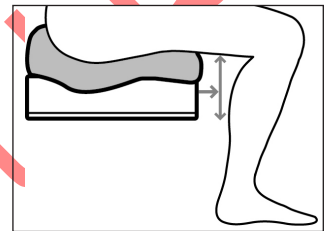
7. Sitting Height

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	RCC-SHAC	Standard
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH	\$ 158.00
<input type="checkbox"/> As low as possible	RCC-SHDH	\$ 158.00



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).

8. 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	\$ 49.00
<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).

9. 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	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-MTI	\$ 120.00
<input type="checkbox"/> Decrease _____"	RCC-MTD	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-MTM	No charge

Lateral Thigh Support

LEFT

<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTEL	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIL	\$ 120.00
<input type="checkbox"/> Decrease _____"	RCC-LTDL	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTML	No charge

RIGHT

<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTER	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIR	\$ 120.00
<input type="checkbox"/> Decrease _____"	RCC-LTDR	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTMR	No charge

10. 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	\$ 81.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 148.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM3	\$ 161.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 215.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 81.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 148.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM3	\$ 161.00
<input type="checkbox"/> Outer incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC2-IC	\$ 259.00
<input type="checkbox"/> Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC-INICA	\$ 259.00

Ride® Custom 2 Cushion Order Form

Client First and Last Name _____

11. Additional Custom Cushion Accessories/Items

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCC-WK	\$ 39.00
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge		
<input type="checkbox"/> For 14" / 36cm cushion widths	RCC-OW-1414	\$ 82.00
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCC-OW-1616	\$ 82.00
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCC-OW-1816	\$ 82.00
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCC-OW-2016	\$ 82.00

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

☐ Right side of cushion

12. Growth

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit	RCC2-DGK	\$ 265.00

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.)

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.

Special Instructions or Comments

NOTE: May affect price; call to request quote.

* All prices are in U.S. dollars.

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



Ride Designs®
a branch of Aspen Seating, LLC

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phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@riedesigns.com

Page 7
Continue on page 8



Ride® Custom Back Order Form

Client First and Last Name _____

Prices effective April 4, 2022.

► 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:

- ☐ Order form (enclose one copy 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 of \$290.00* will apply.

DID YOU SEND
PHOTOS?

► 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



* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00) are required if laterals are over 6" deep.

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 Medicare HCPCS Code E2617 Custom ventilated contoured seat back shell; choice of 1) ultra-breathable, 3D mesh liner or 2) AccuSoft™ foam liner, and spacer fabric cover. Note: if AccuSoft foam liner option is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB-100	\$ 2189.00
<input type="checkbox"/> Ride Custom Back, for Commode Back Includes custom ventilated contoured seat back shell lined with ultra-breathable 3D mesh liner and a shower-cap style cover.	RCB-100CB	\$ 2189.00
<input type="checkbox"/> Did you send a plaster back shape? RideWorks Scanning Fee	RCB-FEE	\$ 290.00

2. Ride Custom Back Size

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Trochanter width < 20"	RCB-100R	\$ 0.00
<input type="checkbox"/> Trochanter width 21" - 24"	RCB-100W	\$ 347.00

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

**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.

3. Ride Custom Back Hardware and Mounting

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

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 Permobil® and Quantum® requires small FlexLoc mounting with the Ride FlexLoc Adapter Plate and direct backrest frame for Permobil, and aftermarket back interface for 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"

☐ Medium, mounting distance 15 - 18"

☐ Large, mounting distance 19 - 21"

☐ X-Large, mounting distance 22 - 24"

☐ Omit hardware

	MSRP per set
FL-MS	\$ 561.00
FL-MM	\$ 561.00
FL-ML	\$ 561.00
FL-MX	\$ 561.00
RCB-100R-0	\$ 0.00

b. Select Mounting:

☐ Clamp Mount for round back canes

☐ Additional Mounting Clamps (pair)

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

☐ FlexLoc Adapter Plate

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.

FL-MCI	Standard
FL-MC	\$ 226.00
FL-MCI-P1	No Charge

c. Select Attachment:

☐ Fixed, non-removeable

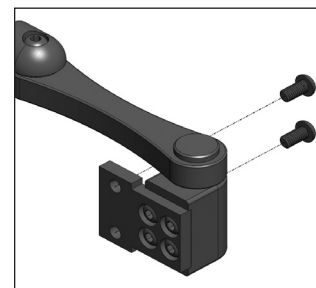
☐ Quick Release Option

FL-FMI	Standard
FL-QR	\$ 92.00

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



Adapter Plate



Quick Release Option

Ride® Custom Back Order Form

Client First and Last Name _____

4. Foam Options

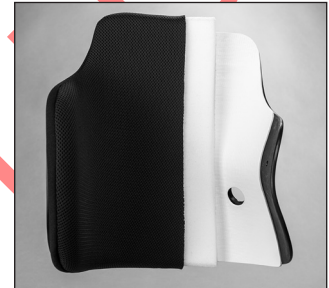
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ultra-breathable 3D mesh liner	RCB-SML	\$ 0.00
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB-FS	\$ 162.00
For AccuSoft foam liner option, select one cover:		
<input type="checkbox"/> Spacer fabric cover	RCB-SFC	\$ 0.00
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only)	RCB-IC	\$ 0.00



Ultra-breathable foam liner

5. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Soft Fit (for use with ultra-breathable 3D mesh liner option only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by ½" and may result in compromise of postural correction.	RCB-SF	\$ 383.00
<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	\$ 337.00
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	\$ 197.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 197.00
Extended depth lateral thoracic support**		
<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-L	\$ 327.00
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-R	\$ 327.00
— 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	\$ 215.00
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB-EHLTS-R	\$ 215.00
Extended back height		
<input type="checkbox"/> Extend back height _____" above reference line.	RCB-EBH	\$ 327.00
— 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	\$ 428.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 316.00



AccuSoft foam liner

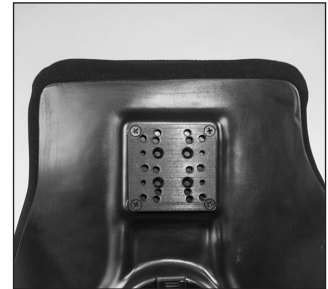
PHOTOS??
JUST CHECKING.

* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00) are required if laterals are over 6" deep.

6. 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	\$ 181.00
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM	\$ 270.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-SHG	\$ 111.00
<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	\$ 189.00



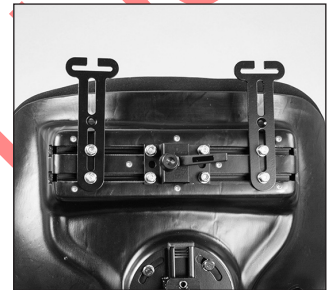
Universal Headrest Mounting Plate.

Privacy flap

Covers gap between cushion and back support.

Size

<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB-PFS	\$ 147.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 147.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 147.00



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	\$ 388.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 388.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 388.00



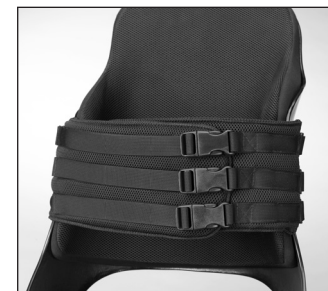
Privacy flap covers the space between the cushion and back support.

7. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-SFCA	\$ 365.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 365.00

8. 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	\$ 487.00



Abdominal Support Panel.

Total: _____

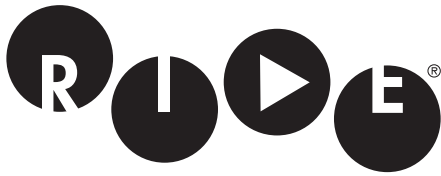
NOTE: May affect price; call to request quote.

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.



toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722



NOTE: Itemized order forms
are available should that
be your preference.

Ride® Custom 2 Cushion Bundled Package Order Form

Client's First and Last Name* _____

☐ Ride Custom 2 Cushion (RCC200)

Shape provided via:

- ☐ RideWorks® Scan
- ☐ Impression Foam
- ☐ Evaluator Cushion

Date of shape capture: _____

Account # _____

PO # _____

Date _____ SO# _____

SN# _____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier _____

Ride 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 _____

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Client Information

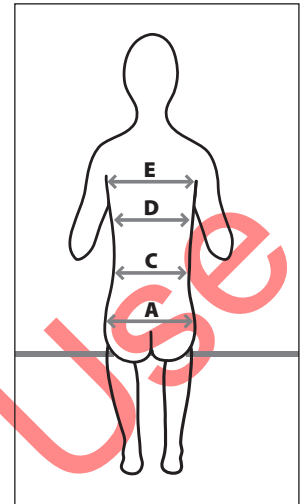
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: ☐ M ☐ F Diagnosis _____

Height _____ Weight _____

Client Measurements

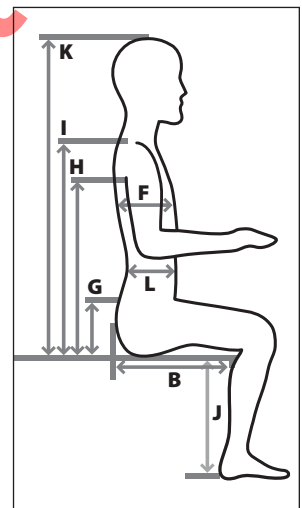
A. Trochanters	_____ "	G. Top of Iliac Crest	_____ "
B. Leg length	Left _____ " Right _____ "	H. Axilla height	_____ "
C. Waist	_____ "	I. Top of shoulder	_____ "
D. Mid-Thorax	_____ "	J. Knee to heel	_____ "
E. Axilla	_____ "	K. Top of head	_____ "
F. A-P Mid-Thorax	_____ "	L. A-P abdomen	_____ "



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____ " Depth _____ "



Ride Designs®
a branch of Aspen Seating, LLC

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fax 303.781.1722

www.ridedesigns.com



NOTE: Itemized order forms
are available should that
be your preference.

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Prices effective April 4, 2022.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom 2 Cushion - Bundled Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200-B01	\$2778.00

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. (Price not included in bundled package.)
☐ RideWorks Scanning Fee RCC-FEE \$ 290.00 (Price not included in bundled package.)
- ☐ 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

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.

Page 3

Continue on page 4

* All prices are in U.S. dollars.

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

The RCC200-B01 Bundled Package includes all of the following options

Foam Options

Item	Part Number
<input type="checkbox"/> Standard Foam (max. weight 250 lbs.)	RCC2-SF
<input type="checkbox"/> Firm Foam (max. weight 300 lbs.)	RCC2-FF
<input type="checkbox"/> Standard Foam with front cushion reinforcement	RCC2-SF-CR
<input type="checkbox"/> Firm Foam with front cushion reinforcement	RCC2-FF-CR

Cushion Width (Actual cushion width will be ½" less than specified.)

Item	Part Number
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)
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCC2-W____ (width)
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW

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

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.

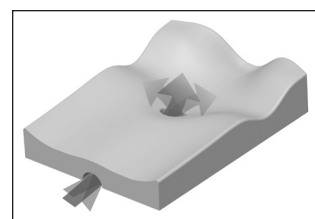
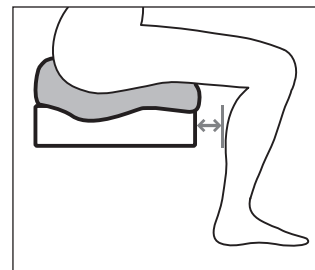
Item	Part Number
<input type="checkbox"/> Equal to Shape Capture Base length	RCC-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-CLSL
Asymmetrical Length LEFT <input type="checkbox"/> Equal to Shape Capture Base length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-CLALL
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	RCC-CLALR

Missed this step? Indicate desired length

of cushion on each side L _____" R _____"

Modifications

Item	Part Number
<input type="checkbox"/> 1" undercut	RCC-UC1
<input type="checkbox"/> Ventilation channel	RCC2-VC
<input type="checkbox"/> Bevel Cut Modification for sling seat	RCC-BC



Custom ventilation channel helps manage heat and moisture.

Sitting Height

Targeted final front cushion height (see diagrams at right)

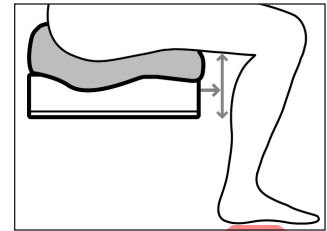
Height: L leg _____" R leg _____"

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
<input type="checkbox"/> As captured	RCC-SHAC
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH
<input type="checkbox"/> As low as possible	RCC-SHDH

Cushion Contour

Item	Part Number
<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
<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. Not compatible with Full Contact Option	RCC2-WI
<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



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).



Determine targeted front of cushion height (front view).

Thigh/Femoral Support

Item	Part Number
------	-------------

Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.

- | | |
|--|----------|
| <input type="checkbox"/> As captured | RCC-MTAC |
| <input type="checkbox"/> Eliminate | RCC-MTE |
| <input type="checkbox"/> Increase _____" (maximum 3" total height) | RCC-MTI |
| <input type="checkbox"/> Decrease _____" | RCC-MTD |
| <input type="checkbox"/> Decrease as marked with line on Shape Capture Bag | RCC-MTM |

Lateral Thigh Support

LEFT

- | | |
|--|----------|
| <input type="checkbox"/> As captured | RCC-LTAC |
| <input type="checkbox"/> Eliminate | RCC-LTEL |
| <input type="checkbox"/> Increase _____" (maximum 3" total height) | RCC-LTIL |
| <input type="checkbox"/> Decrease _____" | RCC-LTDL |
| <input type="checkbox"/> Decrease as marked with line on Shape Capture Bag | RCC-LTML |

RIGHT

- | | |
|--|----------|
| <input type="checkbox"/> As captured | RCC-LTAC |
| <input type="checkbox"/> Eliminate | RCC-LTER |
| <input type="checkbox"/> Increase _____" (maximum 3" total height) | RCC-LTIR |
| <input type="checkbox"/> Decrease _____" | RCC-LTDR |
| <input type="checkbox"/> Decrease as marked with line on Shape Capture Bag | RCC-LTMR |

Covers

Item	Part Number
------	-------------

- | | |
|--|---------|
| <input type="checkbox"/> One breathable spacer fabric zip cover included | |
| <input type="checkbox"/> Spandex layer over spacer fabric | RCC-SP |
| <input type="checkbox"/> Two-layer spacer fabric Soft Fit | RCC-EM2 |

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Custom Cushion Accessories/Items

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

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☐ Right side of cushion**Additional Options**

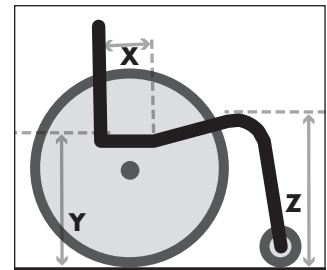
Price not included in bundled package

Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 135.00
<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)	RCC-CMP	\$ 428.00
<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	\$ 134.00

Cushion Modification Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Cross brace notches L ____ " R ____ " (as measured from front of back canes to center of cross-brace)	RCC-WC003CB	\$ 86.00
<input type="checkbox"/> Front rigging notches ____ " W x ____ " D x ____ " H	RCC-WCFR	\$ 86.00



Ergo frame measurement needed.

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 215.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 81.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 148.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit	RCC-EM3	\$ 161.00
<input type="checkbox"/> Outer incontinent resistant cover	RCC2-IC	\$ 259.00
<input type="checkbox"/> Inner incontinent resistant cover	RCC-INICA	\$ 259.00

Note: Only recommended for chronically incontinent clients.
Does not replace spacer fabric outer cover.

* All prices are in U.S. dollars.

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

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Additional Options (continued)
Price not included in bundled package**Growth**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit	RCC2-DGK	\$ 265.00

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.)

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.

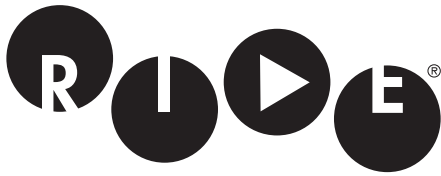


Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@riedesigns.com

Page 8



NOTE: Itemized order forms
are available should that
be your preference.

Ride® Custom Cushion 2 and Custom Back Bundled Package Order Form

Client's First and Last Name* _____

☐ Ride Custom 2 Cushion (RCC200)

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 _____

Ride 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 _____

Ride® Custom 2 Cushion and Custom Back Bundled Package

Client First and Last Name _____

Client Information

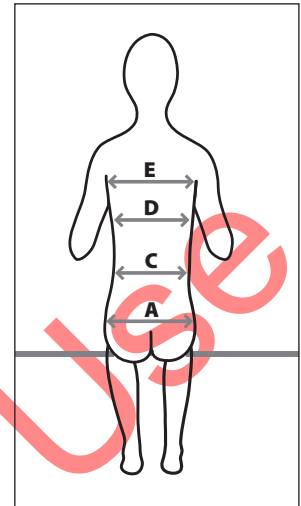
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: ☐ M ☐ F Diagnosis _____

Height _____ Weight _____

Client Measurements

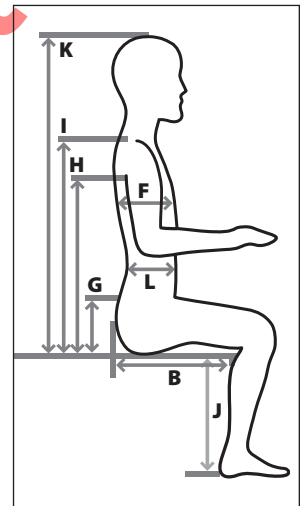
A. Trochanters	_____ "	G. Top of Iliac Crest	_____ "
B. Leg length	Left _____ " Right _____ "	H. Axilla height	_____ "
C. Waist	_____ "	I. Top of shoulder	_____ "
D. Mid-Thorax	_____ "	J. Knee to heel	_____ "
E. Axilla	_____ "	K. Top of head	_____ "
F. A-P Mid-Thorax	_____ "	L. A-P abdomen	_____ "



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____ " Depth _____ "



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NOTE: Itemized order forms
are available should that
be your preference.

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Prices effective April 4, 2022.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom 2 Cushion - Bundled Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200-B01	\$2778.00

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. (Price not included in bundled package.)
☐ RideWorks Scanning Fee RCC-FEE \$ 290.00 (Price not included in bundled package.)
- ☐ 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

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.

Page 3

Continue on page 4

* All prices are in U.S. dollars.

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

The RCC200-B01 Bundled Package includes all of the following options**Foam Options**

Item	Part Number
<input type="checkbox"/> Standard Foam (max. weight 250 lbs.)	RCC2-SF
<input type="checkbox"/> Firm Foam (max. weight 300 lbs.)	RCC2-FF
<input type="checkbox"/> Standard Foam with front cushion reinforcement	RCC2-SF-CR
<input type="checkbox"/> Firm Foam with front cushion reinforcement	RCC2-FF-CR

Cushion Width (Actual cushion width will be ½" less than specified.)

Item	Part Number
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)
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCC2-W____ (width)
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW

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

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.

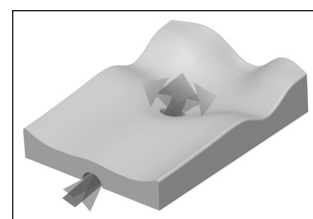
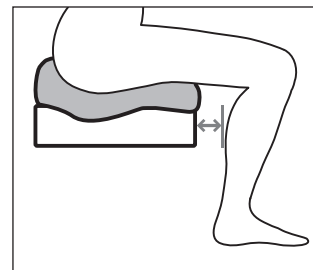
Item	Part Number
<input type="checkbox"/> Equal to Shape Capture Base length	RCC-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-CLSL
Asymmetrical Length LEFT <input type="checkbox"/> Equal to Shape Capture Base length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-CLALL
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	RCC-CLALR

Missed this step? Indicate desired length

of cushion on each side L _____" R _____"

Modifications

Item	Part Number
<input type="checkbox"/> 1" undercut	RCC-UC1
<input type="checkbox"/> Ventilation channel	RCC2-VC
<input type="checkbox"/> Bevel Cut Modification for sling seat	RCC-BC



Custom ventilation channel helps manage heat and moisture.

Sitting Height

Targeted final front cushion height (see diagrams at right)

Height: L leg _____" R leg _____"

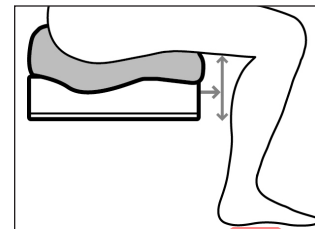
NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.

Item	Part Number
<input type="checkbox"/> As captured	RCC-SHAC
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH
<input type="checkbox"/> As low as possible	RCC-SHDH

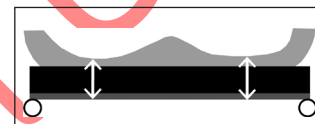
Cushion Contour

Item	Part Number
<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
<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. Not compatible with Full Contact Option	RCC2-WI

<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
--	--------



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).



Determine targeted front of cushion height (front view).

Thigh/Femoral Support

Item	Part Number
------	-------------

Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.

- | | |
|--|----------|
| <input type="checkbox"/> As captured | RCC-MTAC |
| <input type="checkbox"/> Eliminate | RCC-MTE |
| <input type="checkbox"/> Increase _____" (maximum 3" total height) | RCC-MTI |
| <input type="checkbox"/> Decrease _____" | RCC-MTD |
| <input type="checkbox"/> Decrease as marked with line on Shape Capture Bag | RCC-MTM |

Lateral Thigh Support

LEFT

- | | |
|--|----------|
| <input type="checkbox"/> As captured | RCC-LTAC |
| <input type="checkbox"/> Eliminate | RCC-LTEL |
| <input type="checkbox"/> Increase _____" (maximum 3" total height) | RCC-LTIL |
| <input type="checkbox"/> Decrease _____" | RCC-LTDL |
| <input type="checkbox"/> Decrease as marked with line on Shape Capture Bag | RCC-LTML |

RIGHT

- | | |
|--|----------|
| <input type="checkbox"/> As captured | RCC-LTAC |
| <input type="checkbox"/> Eliminate | RCC-LTER |
| <input type="checkbox"/> Increase _____" (maximum 3" total height) | RCC-LTIR |
| <input type="checkbox"/> Decrease _____" | RCC-LTDR |
| <input type="checkbox"/> Decrease as marked with line on Shape Capture Bag | RCC-LTMR |

Covers

Item	Part Number
------	-------------

- | | |
|--|---------|
| <input type="checkbox"/> One breathable spacer fabric zip cover included | |
| <input type="checkbox"/> Spandex layer over spacer fabric | RCC-SP |
| <input type="checkbox"/> Two-layer spacer fabric Soft Fit | RCC-EM2 |

Ride® Custom 2 Cushion Bundled Package Order Form
 Client First and Last Name _____

Custom Cushion Accessories/Items

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

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

☐ Right side of cushion

Additional Options

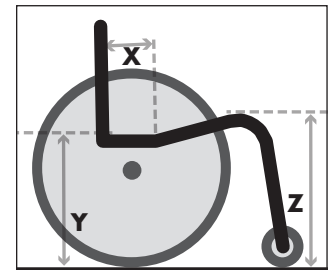
Price not included in bundled package

Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 135.00
<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)	RCC-CMP	\$ 428.00
<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	\$ 134.00

Cushion Modification Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Cross brace notches L ____" R ____" (as measured from front of back canes to center of cross-brace)	RCC-WC003CB	\$ 86.00
<input type="checkbox"/> Front rigging notches ____" W x ____" D x ____" H	RCC-WCFR	\$ 83.00



Ergo frame measurement needed.

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 215.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 81.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 148.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit	RCC-EM3	\$ 161.00
<input type="checkbox"/> Outer incontinent resistant cover	RCC2-IC	\$ 259.00
<input type="checkbox"/> Inner incontinent resistant cover	RCC-INICA	\$ 259.00

Note: Only recommended for chronically incontinent clients.
 Does not replace spacer fabric outer cover.

* All prices are in U.S. dollars.

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

Ride® Custom 2 Cushion Bundled Package Order Form

Client First and Last Name _____

Additional Options (continued) Price not included in bundled package

Growth

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Growth Kit	RCC2-DGK	\$ 265.00

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.)

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.

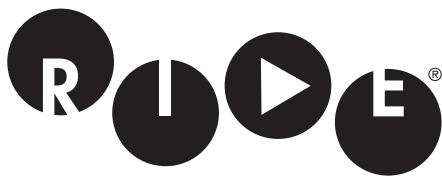


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NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Prices effective April 4, 2022

► 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:

- ☐ Order form (enclose copy 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 of \$290.00* will apply.

DID YOU SEND
PHOTOS?

► 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



* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00.00) are required if laterals are over 6" deep.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom Back - Bundled	RCB100-B01	\$ 3663.00

Medicare HCPCS Code E2617

Custom ventilated contoured seat back shell;
choice of 1) ultra-breathable, 3D mesh liner or
2) AccuSoft™ foam liner; and spacer fabric cover.

Note: if AccuSoft foam liner option is selected,
Back comes with choice of spacer fabric cover or
wipeable, and incontinence-proof cover.

Did you send a plaster back shape?

<input type="checkbox"/> RideWorks Scanning Fee (price not included in bundled package)	RCB-FEE	\$ 290.00
--	---------	-----------

**The RCB100-B01 Bundled Package
includes all of the following options****Ride Custom Back Width**

Item	Part Number
<input type="checkbox"/> Trochanter width < 20"	RCB-100R
<input type="checkbox"/> Trochanter width 21" - 24"	RCB-100W

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

**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.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Ride Custom Back Hardware and Mounting - First Set

Item

Part Number

Ride FlexLoc® Hardware

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

a. Select Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil or Quantum requires small FlexLoc hardware with Ride FlexLoc Adapter Plates and Direct Backrest Frame for 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.

☐ First Set of Hardware (First set is included in the bundled price. If two sets of hardware are needed, select the second set on page 13.)

☐ Small, mounting distance 10 - 14"

FL-MS

☐ Medium, mounting distance 15 - 18"

FL-MM

☐ Large, mounting distance 19 - 21"

FL-ML

☐ X-Large, mounting distance 22 - 24"

FL-MX

☐ Omit hardware

RCB-100R-0

b. Select Mounting for first set of hardware:

☐ Clamp Mount for round back canes

FL-MCI

☐ FlexLoc Adapter Plate

FL-MCI-P1

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 for first set of hardware:

☐ Fixed, non-removeable

FL-FMI

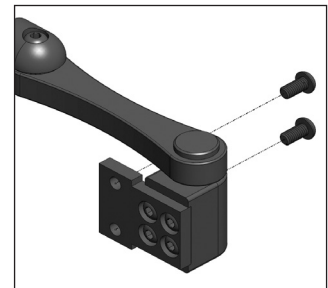
☐ Quick Release Option

FL-QR

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



Adapter Plate



Quick Release Option

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Foam Options

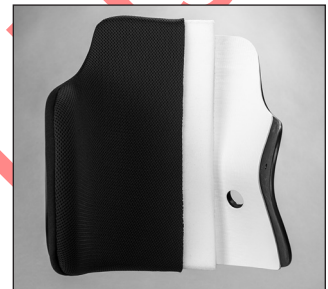
Item	Part Number
<input type="checkbox"/> Ultra-breathable 3D mesh liner	RCB-SML
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB-FS
For AccuSoft foam liner option, select one cover:	
<input type="checkbox"/> Spacer fabric cover	RCB-SFC
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only)	RCB-IC



Ultra-breathable foam liner

Supplementary Padding, Reliefs, Dimensions

Item	Part Number
<input type="checkbox"/> Soft Fit (for use with ultra-breathable 3D mesh liner option only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by ½" and may result in compromise of postural correction.	RCB-SF
<input type="checkbox"/> Complete back (including laterals)	
<input type="checkbox"/> Center only (excludes laterals)	



AccuSoft foam liner

Extended depth lateral thoracic support**

- ☐ Extend LEFT lateral thoracic support _____" RCB-EDLTS-L
forward of reference line.
- ☐ Extend RIGHT lateral thoracic support _____" RCB-EDLTS-R
forward of reference line.
- Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.

- ☐ Enhanced relief RCB-ERFP
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.

Extended height lateral thoracic support

- ☐ Increase LEFT lateral thoracic support _____" RCB-EHLTS-L
above reference line.
- ☐ Increase RIGHT lateral thoracic support _____" RCB-EHLTS-R
above reference line.

Extended back height

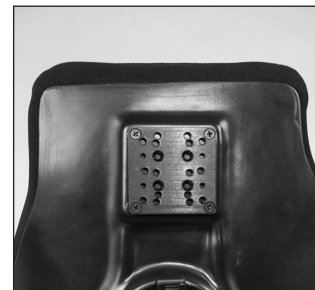
- ☐ Extend back height _____" RCB-EBH
above reference line.
- Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Accessories

Item	Part Number
<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
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-SHG
<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



Universal Headrest Mounting Plate.

Additional Options

Price not included in bundled package

Additional Hardware and Mounting Options

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

Ride FlexLoc® Hardware - Second Set

a. Select Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil or Quantum requires small FlexLoc hardware with Ride FlexLoc Adapter Plates and Direct Backrest Frame for 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.

☐ Second Set of FlexLoc Hardware

☐ Small, mounting distance 10 - 14"

FL-MS \$ 561.00

☐ Medium, mounting distance 15 - 18"

FL-MM \$ 561.00

☐ Large, mounting distance 19 - 21"

FL-ML \$ 561.00

☐ X-Large, mounting distance 22 - 24"

FL-MX \$ 561.00

b. Select Mounting for second set of hardware:

☐ Clamp Mount for round back canes

FL-MCI \$ 0.00

☐ Additional Mounting Clamps (pair)

FL-MC \$ 226.00

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

☐ FlexLoc Adapter Plate

FL-MCI-P1 \$ 0.00

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.

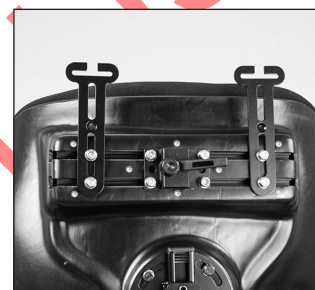
c. Select Attachment type for second set of hardware:

☐ Fixed, non-removable

FL-FMI \$ 0.00

☐ Quick Release Option

FL-QR \$ 92.00



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

PHOTOS??
JUST CHECKING.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Additional Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
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	\$ 197.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 197.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 316.00
<input type="checkbox"/> External stainless steel reinforced lateral thoracic supports	RCB-RLTS	\$ 428.00

Additional accessories

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	\$ 147.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 147.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 147.00



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	\$ 388.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 388.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 388.00



Abdominal Support Panel.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Additional Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-SFCA	\$ 365.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 365.00

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	\$ 487.00

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.

PHOTOS??
THEY MUST BE
HERE SOMEWHERE.

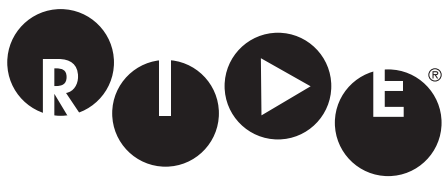


Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@riedesigns.com

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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 July 1, 2021.

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	\$2010.00
<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	\$2010.00

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
- ☐ Impression Foam Simulator
Size: ☐ Small ☐ Medium ☐ Large
If impression foam is sent to Ride Designs, a RideWorks scanning fee will apply.
☐ RideWorks Scanning Fee RCC-FEE \$ 281.00
- ☐ 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
- ☐ Java® Cushion used to determine shape and dimensions (see instructions on page 5)

Resting Posture of Pelvis in Ride Shape Capture

☐ Neutral ☐ Posterior ☐ Anterior

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	RCC-BC	\$ 131.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 131.00
<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	\$ 415.00

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"	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)	\$ 135.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$ 135.00

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

4. Cushion Length

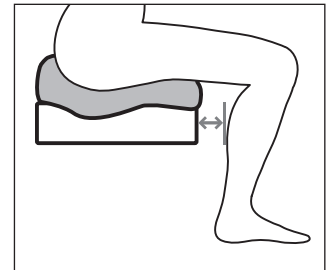
(IMPORTANT: Specify cushion length relative to front of Shape Capture Base or Java Evaluator Cushion as shown.)

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	RCC-CLAC	Standard
Symmetrical Length	RCC-CLSL	No charge
<input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length		
Asymmetrical Length		\$ 131.00
LEFT	RCC-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	RCC-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.

5. Sitting Height

Targeted final front cushion height (see diagrams at right)

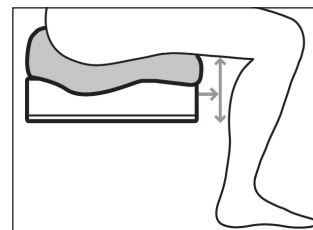
Height: L leg _____" R leg _____"

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	RCC-SHAC	Standard
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH	\$ 153.00
<input type="checkbox"/> As low as possible	RCC-SHDH	\$ 153.00

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.		
<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 NOTE: Ride contour is not available with Extra Soft Foam option.	RCAC-RC	No charge
<input type="checkbox"/> Full contact** Cushion manufactured as captured	RCC-FC	No charge



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).

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	RCC-MTAC	Standard
<input type="checkbox"/> Eliminate	RCC-MTE	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-MTI	\$ 116.00
<input type="checkbox"/> Decrease _____"	RCC-MTD	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-MTM	No charge
Lateral Thigh Support		
LEFT		
<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTEL	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIL	\$ 116.00
<input type="checkbox"/> Decrease _____"	RCC-LTDL	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTML	No charge
RIGHT		
<input type="checkbox"/> As captured	RCC-LTAC	Standard
<input type="checkbox"/> Eliminate	RCC-LTER	No charge
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIR	\$ 116.00
<input type="checkbox"/> Decrease _____"	RCC-LTDR	No charge
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-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	\$ 204.00



The Lateral Thigh Support Reinforcement option removes 1/2" 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"	RCC-UC1	\$ 72.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 83.00

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	\$ 78.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$ 143.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCAC-CBZA _____ (width)	\$ 208.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$ 78.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$ 143.00
<input type="checkbox"/> Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	\$ 251.00
<input type="checkbox"/> Additional inner incontinent-resistant cover	RCC-INICA	\$ 251.00

10. Additional Custom AccuSoft Accessories/Items

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCC-WK	\$ 37.00
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge		
<input type="checkbox"/> For 14" / 36cm cushion widths	OW-1414	\$ 79.00
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	OW-1616	\$ 79.00
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	OW-1816	\$ 79.00
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	OW-2016	\$ 79.00

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☐ Right side of cushion**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.)	RCC-DGK	\$ 257.00

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.

© 2021, Ride Designs. Patent(s) pending. 090-176-H
Patents: www.ridedesigns.com/patents

Continue on page 8

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 spacer fabric cover, help keep the sitter dry and comfortable in virtually any climate.

Forgiving

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

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



Ride Custom Back paired with the Ride Custom AccuSoft Cushion.

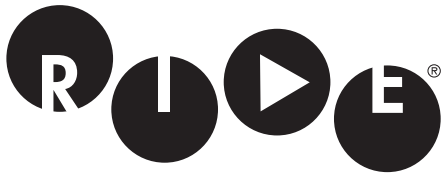
* All prices are in U.S. dollars.



Ride Designs®
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fax 303.781.1722

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Ride® Custom AccuSoft Cushion and Custom Back

Client's First and Last Name* _____

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

Shape provided via:

- ☐ RideWorks® Scan
- ☐ Impression Foam
- ☐ Java® Cushion used as Evaluator tool

☐ 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

Ride 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 _____

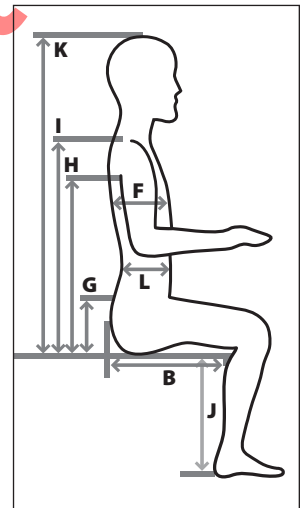
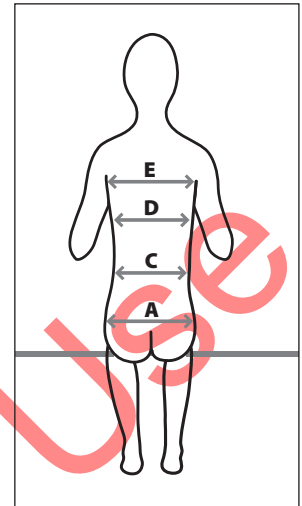
Client Measurements

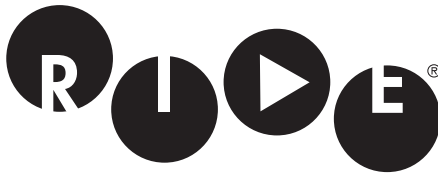
- | | |
|--|------------------------------|
| A. Trochanters _____" | G. Top of Iliac Crest _____" |
| B. Leg length Left _____" Right _____" | H. Axilla height _____" |
| C. Waist _____" | I. Top of shoulder _____" |
| D. Mid-Thorax _____" | J. Knee to heel _____" |
| E. Axilla _____" | K. Top of head _____" |
| 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 April 4, 2022.

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	\$2071.00
<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	\$2071.00

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
- ☐ Impression Foam Simulator
Size: ☐ Small ☐ Medium ☐ Large
If impression foam is sent to Ride Designs, a RideWorks scanning fee will apply.
☐ RideWorks Scanning Fee RCC-FEE \$ 290.00
- ☐ 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
- ☐ Java® Cushion used to determine shape and dimensions (see instructions on page 5)

Resting Posture of Pelvis in Ride Shape Capture

☐ Neutral ☐ Posterior ☐ Anterior

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	RCC-BC	\$ 135.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 135.00
<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)	RCC-CMP	\$ 428.00

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"	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)	\$ 140.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$ 140.00

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

4. Cushion Length

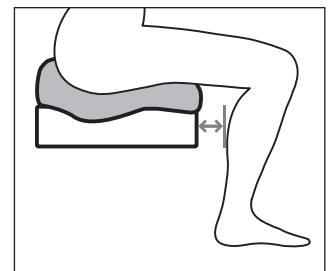
(IMPORTANT: Specify cushion length relative to front of Shape Capture Base or Java Evaluator Cushion as shown.)

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	RCC-CLAC	Standard
Symmetrical Length	RCC-CLSL	No charge
<input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length		
Asymmetrical Length		\$ 135.00
LEFT	RCC-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	RCC-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.

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	RCC-SHAC	Standard
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH	\$ 158.00
<input type="checkbox"/> As low as possible	RCC-SHDH	\$ 158.00

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.**☐ 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

NOTE: Ride contour is not available with Extra Soft Foam option.

RCAC-RC

No charge

☐ Full contact**

Cushion manufactured as captured

RCC-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.☐ As captured

RCC-MTAC

Standard

☐ Eliminate

RCC-MTE

No charge

☐ Increase _____" (maximum 3" total height)

RCC-MTI

\$ 120.00

☐ Decrease _____"

RCC-MTD

No charge

☐ Decrease as marked with line on Shape Capture Bag

RCC-MTM

No charge

Lateral Thigh Support

LEFT

☐ As captured

RCC-LTAC

Standard

☐ Eliminate

RCC-LTEL

No charge

☐ Increase _____" (maximum 3" total height)

RCC-LTIL

\$ 120.00

☐ Decrease _____"

RCC-LTDL

No charge

☐ Decrease as marked with line on Shape Capture Bag

RCC-LTML

No charge

RIGHT

☐ As captured

RCC-LTAC

Standard

☐ Eliminate

RCC-LTER

No charge

☐ Increase _____" (maximum 3" total height)

RCC-LTIR

\$ 120.00

☐ Decrease _____"

RCC-LTDR

No charge

☐ Decrease as marked with line on Shape Capture Bag

RCC-LTMR

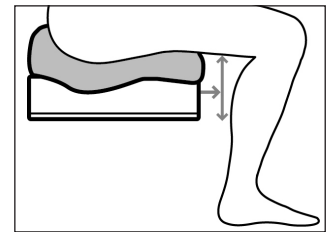
No charge

☐ 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

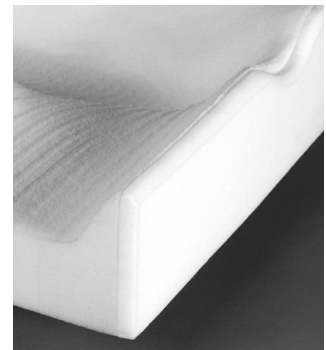
\$ 211.00



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 1/2" 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"	RCC-UC1	\$ 75.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 86.00

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	\$ 81.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$ 148.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCAC-CBZA _____ (width)	\$ 215.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$ 81.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$ 148.00
<input type="checkbox"/> Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	\$ 259.00
<input type="checkbox"/> Additional inner incontinent-resistant cover	RCC-INICA	\$ 259.00

10. Additional Custom AccuSoft Accessories/Items

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCC-WK	\$ 39.00
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge		
<input type="checkbox"/> For 14" / 36cm cushion widths	RCC-OW-1414	\$ 82.00
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCC-OW-1616	\$ 82.00
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCC-OW-1816	\$ 82.00
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCC-OW-2016	\$ 82.00
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		

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.)	RCC-DGK	\$ 265.00

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

© 2022, Ride Designs. 090-181-M
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 spacer fabric cover, help to keep the sitter dry and comfortable in virtually any climate.

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 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



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 Order Form

Client First and Last Name _____

Prices effective April 4, 2022.

► 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:

- ☐ Order form (enclose copy 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 of \$290.00* will apply.

DID YOU SEND
PHOTOS?

► 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



* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00) are required if laterals are over 6" deep.

1. Ride Custom Back Type

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom Back Medicare HCPCS Code E2617 Custom ventilated contoured seat back shell; choice of 1) ultra-breathable, 3D mesh liner or 2) AccuSoft™ foam liner; and spacer fabric cover. Note: if AccuSoft foam liner option is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB-100	\$ 2189.00
<input type="checkbox"/> Ride Custom Back, for Commode Back Includes custom ventilated contoured seat back shell lined with ultra-breathable, 3D mesh liner and a shower-cap style cover.	RCB-100CB	\$ 2189.00
Did you send a plaster back shape? <input type="checkbox"/> RideWorks Scanning Fee	RCB-FEE	\$ 290.00

2. Ride Custom Back Size

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Trochanter width < 20"	RCB-100R	\$ 0.00
<input type="checkbox"/> Trochanter width 21" - 24"	RCB-100W	\$ 347.00

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

**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.

3. Ride Custom Back Hardware and Mounting

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

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"

☐ Medium, mounting distance 15 - 18"

☐ Large, mounting distance 19 - 21"

☐ X-Large, mounting distance 22 - 24"

☐ Omit hardware

	MSRP per set
FL-MS	\$ 561.00
FL-MM	\$ 561.00
FL-ML	\$ 561.00
FL-MX	\$ 561.00
RCB-100R-0	\$ 0.00

b. Select Mounting:

☐ Clamp Mount for round back canes

☐ Additional Mounting Clamps (pair)

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

☐ FlexLoc Adapter Plate

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.

FL-MCI	Standard
FL-MC	\$ 226.00
FL-MCI-P1	No Charge

c. Select Attachment:

☐ Fixed, non-removeable

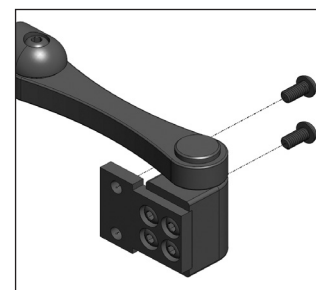
☐ Quick Release Option

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

FL-FMI	Standard
FL-QR	\$ 92.00



Fixed Ride FlexLoc Mount



Adapter Plate



Quick Release Option

Ride® Custom Back Order Form

Client First and Last Name _____

4. Foam Options

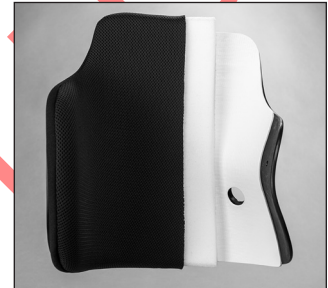
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ultra-breathable 3D mesh liner	RCB-SML	\$ 0.00
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB-FS	\$ 162.00
For AccuSoft foam liner option, select one cover:		
<input type="checkbox"/> Spacer fabric cover	RCB-SFC	\$ 0.00
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only)	RCB-IC	\$ 0.00



Ultra-breathable foam liner

5. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Soft Fit (for use with ultra-breathable 3D mesh liner only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each 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	\$ 383.00
<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	\$ 337.00
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	\$ 197.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 197.00
Extended depth lateral thoracic support**		
<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-L	\$ 327.00
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-R	\$ 327.00
— 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	\$ 215.00
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB-EHLTS-R	\$ 215.00
Extended back height		
<input type="checkbox"/> Extend back height _____" above reference line.	RCB-EBH	\$ 327.00
— 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	\$ 428.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 316.00



AccuSoft foam liner

PHOTOS??
JUST CHECKING.

* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00) are required if laterals are over 6" deep.

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.	RCB-UHMP	\$ 181.00
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM	\$ 270.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-SHG	\$ 111.00
<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	\$ 189.00

Privacy flap

Covers gap between cushion and back support.

Size

<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB-PFS	\$ 147.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 147.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 147.00

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

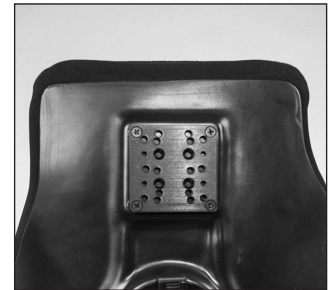
<input type="checkbox"/> Small — height 4" (two straps) Measurement around abdomen _____"	RCB-AP-4	\$ 388.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 388.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 388.00

6. Covers

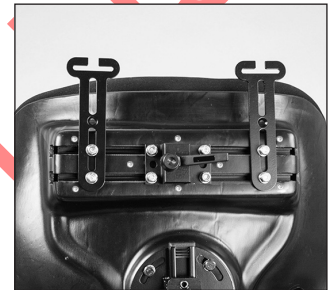
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-SFCA	\$ 365.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 365.00

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	\$ 487.00



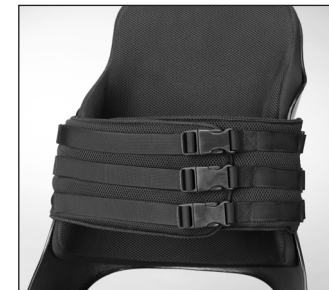
Universal Headrest Mounting Plate.



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

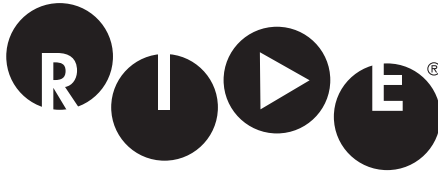


Privacy flap covers the space between the cushion and back support.



Abdominal Support Panel.

Total: _____



NOTE: Itemized order forms are available should that be your preference.

Ride® Custom AccuSoft™ Cushion Bundled Package Order Form

Client First and Last Name _____

NOTE: This order form must be accompanied by a Ride Custom Seating Systems Face Sheet.
Prices effective July 1, 2021.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom AccuSoft Cushion Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:† <input type="checkbox"/> Outer breathable spacer fabric zip cover <input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-S-B01 RCAC-CBZ RCAC-IC	\$2709.00
<input type="checkbox"/> Ride Custom AccuSoft Cushion Extra Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:† <input type="checkbox"/> Outer breathable spacer fabric zip cover <input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-XS-B01 RCAC-CBZ RCAC-IC	\$2709.00

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
- ☐ Impression Foam Simulator
Size: ☐ Small ☐ Medium ☐ Large
If impression foam is sent to Ride Designs, a RideWorks scanning fee will apply.
☐ RideWorks Scanning Fee (price not included in bundled package) RCC-FEE \$ 281.00
- ☐ 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
- ☐ Java® Cushion used to determine shape and dimensions (see instructions on page 5)

Resting Posture of Pelvis in Ride Shape Capture

- ☐ Neutral ☐ Posterior ☐ Anterior

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 5
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, adding Ride CAM Wedges 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.

Client First and Last Name _____

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.

The Ride Custom AccuSoft Bundled Package
includes all of the following options
Cushion Width (Actual cushion width will be 1/2" less than specified.)

Item	Part Number
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)
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCAC-W____ (width)
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW

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

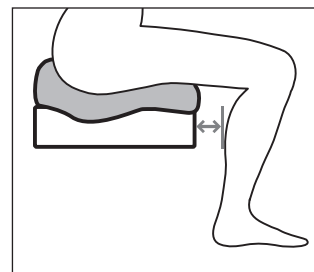
Cushion Length

(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
<input type="checkbox"/> Equal to Shape Capture Base length	RCC-CLAC
Symmetrical Length	RCC-CLSL
<input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	
Asymmetrical Length	
LEFT	RCC-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	RCC-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 _____"	
<input type="checkbox"/> Undercut Front Edge 1"	RCC-UC1
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR



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
<input type="checkbox"/> As captured	RCC-SHAC
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH
<input type="checkbox"/> As low as possible	RCC-SHDH

Cushion Contour

Item	Part Number
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.	
<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 NOTE: Ride contour is not available with Extra Soft Foam option.	RCAC-RC
<input type="checkbox"/> Full contact Cushion manufactured as captured	RCC-FC

Thigh/Femoral Support

Item	Part Number
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.	
<input type="checkbox"/> As captured	RCC-MTAC
<input type="checkbox"/> Eliminate	RCC-MTE
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-MTI
<input type="checkbox"/> Decrease _____"	RCC-MTD
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-MTM

Lateral Thigh Support

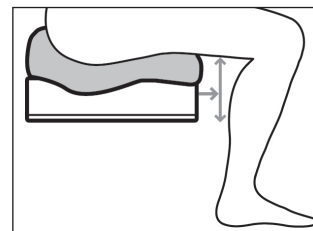
LEFT

<input type="checkbox"/> As captured	RCC-LTAC
<input type="checkbox"/> Eliminate	RCC-LTEL
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIL
<input type="checkbox"/> Decrease _____"	RCC-LTDL
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTML

RIGHT

<input type="checkbox"/> As captured	RCC-LTAC
<input type="checkbox"/> Eliminate	RCC-LTER
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIR
<input type="checkbox"/> Decrease _____"	RCC-LTDR
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTMR

- ☐ Lateral Thigh Support Reinforcement RCAC-RL
 Boosts structural integrity while using forgiving materials that help reduce the risk of injury to skin and soft tissue. (Includes right and left sides.)



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 1/2" of cushion foam from each lateral thigh support. Reinforcement material replaces the foam that was removed, without increasing the overall width of the cushion.

Client First and Last Name _____

Cover Modifications

Item	Part Number
<input type="checkbox"/> For the outer breathable spacer fabric zip cover installed on cushion (if selected)	
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2

Custom AccuSoft Accessories

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

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

☐ Right side of cushion

Cushion/Wheelchair Interface Modifications

Item	Part Number
<input type="checkbox"/> Bevel-Cut Modification for sling seat	RCC-BC

Additional Options

Price not included in bundled package

Additional Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 131.00
<input type="checkbox"/> Custom Mounting Platform (not compatible with bevel cut modification or drop seat modification) ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCC-CMP	\$ 415.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric fabric zip cover	RCAC-CBZA ____ (width)	\$ 208.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$ 78.00**
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$ 143.00**
<input type="checkbox"/> Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	\$ 251.00
<input type="checkbox"/> Additional inner incontinent-resistant cover	RCC-INICA	\$ 251.00

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.)	RCC-DGK	\$ 257.00

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.

* All prices are in U.S. dollars.

** If these modifications were not selected with the included cushion cover, they will be provided at no charge with the additional cushion cover.

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 spacer fabric cover, help keep the sitter dry and comfortable in virtually any climate.

Forgiving

An optional soft, open-cell polyurethane foam insert is available as an alternative to the ultra-breathable 3D mesh liner.

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



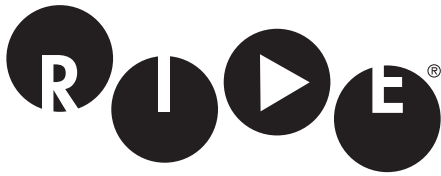
Ride Custom Back paired with the Ride Custom AccuSoft Cushion.



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



NOTE: Itemized order forms
are available should that
be your preference.

Ride® Custom AccuSoft Cushion and Custom Back Bundled Package Order Form

Client's First and Last Name* _____

- ☐ 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 _____

Ride 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 _____

Ride® Custom AccuSoft Cushion and Custom Back Bundled Package

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 _____"

B. Leg length Left _____" Right _____"

C. Waist _____"

D. Mid-Thorax _____"

E. Axilla _____"

F. A-P Mid-Thorax _____"

G. Top of Iliac Crest _____"

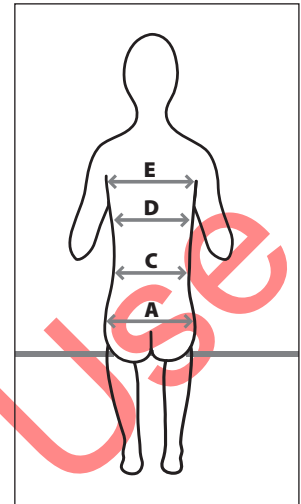
H. Axilla height _____"

I. Top of shoulder _____"

J. Knee to heel _____"

K. Top of head _____"

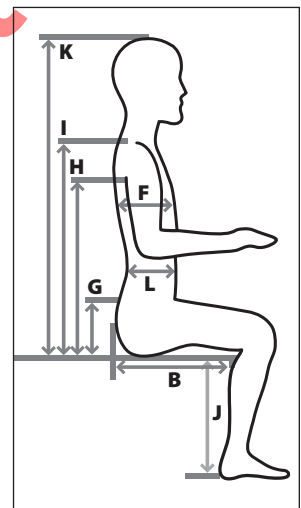
L. A-P abdomen _____"



Mobility Base Specifications

Wheelchair Make _____ Model _____

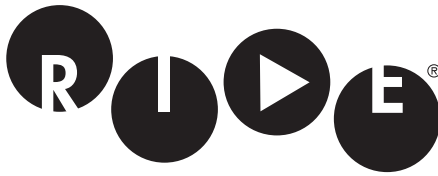
Frame Width _____" Depth _____"



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phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com



NOTE: Itemized order forms are available should that be your preference.

Ride® Custom AccuSoft™ Cushion Bundled Package Order Form

Client First and Last Name _____

Prices effective April 4, 2022.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom AccuSoft Cushion Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:† <input type="checkbox"/> Outer breathable spacer fabric zip cover <input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-S-B01 RCAC-CBZ RCAC-IC	\$2791.00
<input type="checkbox"/> Ride Custom AccuSoft Cushion Extra Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:† <input type="checkbox"/> Outer breathable spacer fabric zip cover <input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-XS-B01 RCAC-CBZ RCAC-IC	\$2791.00

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
- ☐ Impression Foam Simulator
Size: ☐ Small ☐ Medium ☐ Large
If impression foam is sent to Ride Designs, a RideWorks scanning fee will apply.
☐ RideWorks Scanning Fee (price not included in bundled package) RCC-FEE \$ 290.00
- ☐ 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
- ☐ Java® Cushion used to determine shape and dimensions (see instructions on page 5)

Resting Posture of Pelvis in Ride Shape Capture

☐ Neutral ☐ Posterior ☐ Anterior

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 5
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, adding Ride CAM Wedges 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.

Page 4

Continue on page 5

Client First and Last Name _____

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.

The Ride Custom AccuSoft Bundled Package includes all of the following options

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

Item	Part Number
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)
Extra large width <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCAC-W____ (width)
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW

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

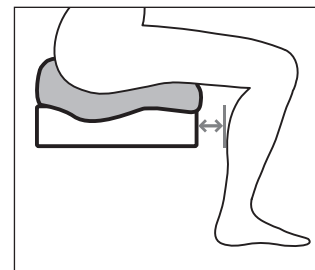
Cushion Length

(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
<input type="checkbox"/> Equal to Shape Capture Base length	RCC-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-CLSL
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	RCC-CLALL RCC-CLALR
Missed this step? Indicate desired length of cushion on each side L _____" R _____"	
<input type="checkbox"/> Undercut Front Edge 1"	RCC-UC1
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR



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
<input type="checkbox"/> As captured	RCC-SHAC
<input type="checkbox"/> Increase overall height _____"	RCC-SHIH
<input type="checkbox"/> As low as possible	RCC-SHDH

Cushion Contour

Item	Part Number
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.	
<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 NOTE: Ride contour is not available with Extra Soft Foam option.	RCAC-RC
<input type="checkbox"/> Full contact Cushion manufactured as captured	RCC-FC

Thigh/Femoral Support

Item	Part Number
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.	
<input type="checkbox"/> As captured	RCC-MTAC
<input type="checkbox"/> Eliminate	RCC-MTE
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-MTI
<input type="checkbox"/> Decrease _____"	RCC-MTD
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-MTM

Lateral Thigh Support

LEFT

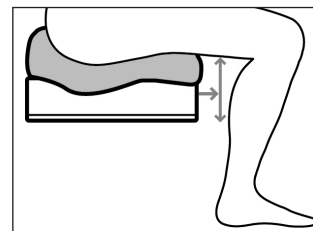
<input type="checkbox"/> As captured	RCC-LTAC
<input type="checkbox"/> Eliminate	RCC-LTEL
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIL
<input type="checkbox"/> Decrease _____"	RCC-LTDL
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTML

RIGHT

<input type="checkbox"/> As captured	RCC-LTAC
<input type="checkbox"/> Eliminate	RCC-LTER
<input type="checkbox"/> Increase _____" (maximum 3" total height)	RCC-LTIR
<input type="checkbox"/> Decrease _____"	RCC-LTDR
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC-LTMR

- ☐ 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.)

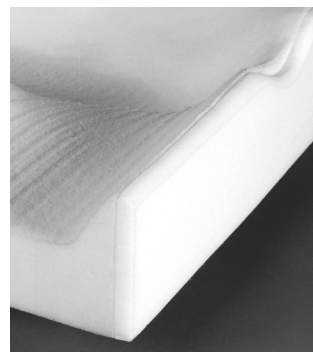
RCAC-RL



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 1/2" 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 Bundled Package Order Form

Client First and Last Name _____

Cover Modifications

Item	Part Number
<input type="checkbox"/> For the outer breathable spacer fabric zip cover installed on cushion (if selected)	
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2

Custom AccuSoft Accessories

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

Cushion/Wheelchair Interface Modifications

Item	Part Number
<input type="checkbox"/> Bevel-Cut Modification for sling seat	RCC-BC

Additional Options

Price not included in bundled package

Additional Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 131.00
<input type="checkbox"/> Custom Mounting Platform (not compatible with bevel cut modification or drop seat modification) ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCC-CMP	\$ 415.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric fabric zip cover	RCAC-CBZA ____ (width)	\$ 215.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$ 81.00**
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$ 148.00**
<input type="checkbox"/> Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	\$ 259.00
<input type="checkbox"/> Additional inner incontinent-resistant cover	RCC-INICA	\$ 259.00

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.)	RCC-DGK	\$ 265.00

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.

* All prices are in U.S. dollars.

** If these modifications were not selected with the included cushion cover, they will be provided at no charge with the additional cushion cover.

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 spacer fabric cover, help keep the sitter dry and comfortable in virtually any climate.

Forgiving

An optional, soft open-cell polyurethane foam insert is available as an alternative to the ultra-breathable 3D mesh liner.

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

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More information at www.ridedesigns.com



Ride Custom Back paired with the Ride Custom AccuSoft Cushion.



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



NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Prices effective April 4, 2022.

► 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:

- ☐ Order form (enclose one copy 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 of \$290.00* will apply.

DID YOU SEND
PHOTOS?

► 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



* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00) are required if laterals are over 6" deep.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom Back - Bundled	RCB100-B01	\$ 3663.00

Medicare HCPCS Code E2617

Custom ventilated contoured seat back shell;
choice of 1) ultra-breathable, 3D mesh liner or
2) AccuSoft™ foam liner; and spacer fabric cover.

Note: if AccuSoft foam liner option is selected,
Back comes with choice of spacer fabric cover
or wipeable, incontinence-proof cover.

Did you send a plaster back shape?

<input type="checkbox"/> RideWorks Scanning Fee (price not included in bundled package)	RCB-FEE	\$ 290.00
--	---------	-----------

**The RCB100-B01 Bundled Package
includes all of the following options**

Ride Custom Back Width

Item	Part Number
<input type="checkbox"/> Trochanter width < 20"	RCB-100R
<input type="checkbox"/> Trochanter width 21" - 24"	RCB-100W

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

**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.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Ride Custom Back Hardware and Mounting - First Set

Item

Part Number

Ride FlexLoc® Hardware

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

a. Select Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil or Quantum requires small FlexLoc mounting hardware with FlexLoc adapter plates from Ride Designs, 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.

☐ First Set of Hardware (First set is included in the bundled price. If two sets of hardware are needed, select the second set on page 14.)

☐ Small, mounting distance 10 - 14"

FL-MS

☐ Medium, mounting distance 15 - 18"

FL-MM

☐ Large, mounting distance 19 - 21"

FL-ML

☐ X-Large, mounting distance 22 - 24"

FL-MX

☐ Omit hardware

RCB-100R-0

b. Select Mounting for first set of hardware:

☐ Clamp Mount for round back canes

FL-MCI

☐ FlexLoc Adapter Plate

FL-MCI-P1

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 for first set of hardware:

☐ Fixed, non-removeable

FL-FMI

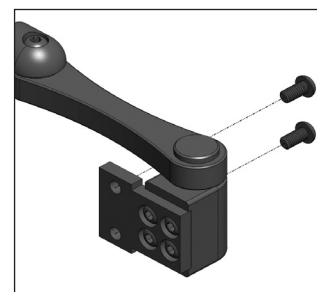
☐ Quick Release Option

FL-QR

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



Adapter Plate



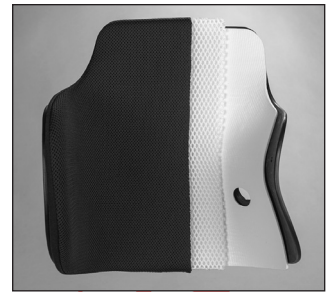
Quick Release Option

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Foam Options

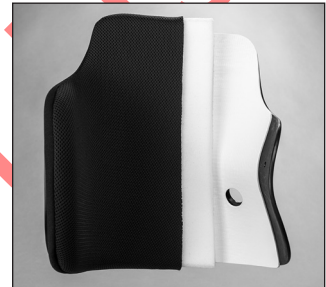
Item	Part Number
<input type="checkbox"/> Ultra-breathable 3D mesh liner	RCB-SML
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB-FS
For AccuSoft foam liner option, select one cover:	
<input type="checkbox"/> Spacer fabric cover	RCB-SFC
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only)	RCB-IC



Ultra-breathable foam liner

Supplementary Padding, Reliefs, Dimensions

Item	Part Number
<input type="checkbox"/> Soft Fit (for use with ultra-breathable 3D mesh liner option only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by ½" and may result in compromise of postural correction.	RCB-SF
<input type="checkbox"/> Complete back (including laterals)	
<input type="checkbox"/> Center only (excludes laterals)	



AccuSoft foam liner

Extended depth lateral thoracic support**

- ☐ Extend LEFT lateral thoracic support _____" RCB-EDLTS-L
forward of reference line.
- ☐ Extend RIGHT lateral thoracic support _____" RCB-EDLTS-R
forward of reference line.
- Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.

<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
--	----------

Extended height lateral thoracic support

- ☐ Increase LEFT lateral thoracic support _____" RCB-EHLTS-L
above reference line.
- ☐ Increase RIGHT lateral thoracic support _____" RCB-EHLTS-R
above reference line.

Extended back height

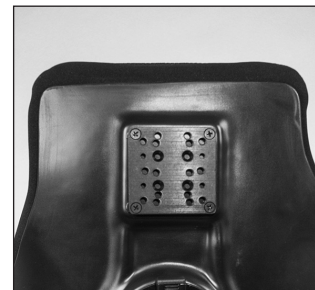
- ☐ Extend back height _____" RCB-EBH
above reference line.
- Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Accessories

Item	Part Number
<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
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-SHG
<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



Universal Headrest Mounting Plate.

Additional Options

Price not included in bundled package

Additional Hardware and Mounting Options

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

Ride FlexLoc® Hardware - Second Set

a. Select Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil or Quantum requires small FlexLoc mounting hardware with FlexLoc adapter plates from Ride Designs, 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.

☐ Second Set of FlexLoc Hardware

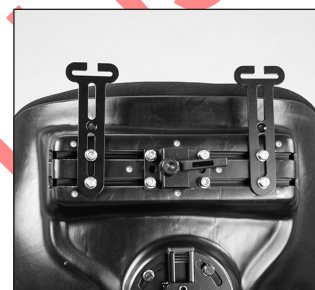
<input type="checkbox"/> Small, mounting distance 10 - 14"	FL-MS	\$ 561.00
<input type="checkbox"/> Medium, mounting distance 15 - 18"	FL-MM	\$ 561.00
<input type="checkbox"/> Large, mounting distance 19 - 21"	FL-ML	\$ 561.00
<input type="checkbox"/> X-Large, mounting distance 22 - 24"	FL-MX	\$ 561.00

b. Select Mounting for second set of hardware:

<input type="checkbox"/> Clamp Mount for round back canes	FL-MCI	\$ 0.00
<input type="checkbox"/> Additional Mounting Clamps (pair) NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.	FL-MC	\$ 226.00
<input type="checkbox"/> FlexLoc Adapter Plate 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.	FL-MCI-P1	\$ 0.00

c. Select Attachment type for second set of hardware:

<input type="checkbox"/> Fixed, non-removable	FL-FMI	\$ 0.00
<input type="checkbox"/> Quick Release Option	FL-QR	\$ 92.00



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

PHOTOS??
JUST CHECKING.

Additional Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
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	\$ 197.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 197.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 316.00
<input type="checkbox"/> External stainless steel reinforced lateral thoracic supports	RCB-RLTS	\$ 428.00

Additional accessories

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	\$ 147.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 147.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 147.00



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	\$ 388.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 388.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 388.00



Abdominal Support Panel.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Additional Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-SFCA	\$ 365.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 365.00

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	\$ 487.00

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.

PHOTOS??
THEY MUST BE
HERE SOMEWHERE.

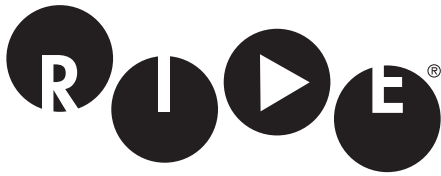


Ride Designs®
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phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@riedesigns.com

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Ride® Custom Back Order Form

Client's First and Last Name*

Attach appropriate order form for each component ordered.

- ☐ Ride Custom Back (RCB100)
Shape provided via:
☐ RideWorks Scan
☐ Plaster Cast

Date of shape capture: _____

Account # _____
PO # _____
Date _____ SO# _____
SN# _____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier

Ride 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 _____

Ride® Custom Back Order Form

Client First and Last Name _____

Client Information

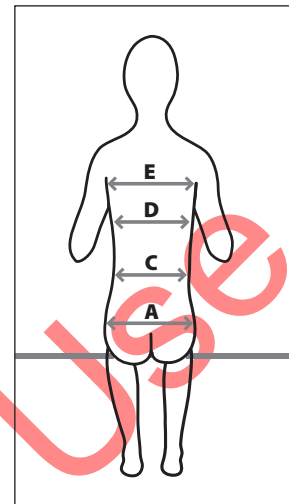
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: ☐ M ☐ F Diagnosis _____

Height _____ Weight _____

Client Measurements

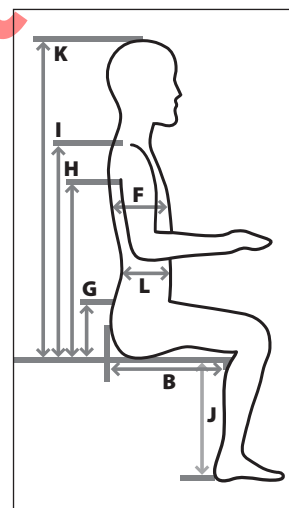
A. Trochanters	_____ "	G. Top of Iliac Crest	_____ "
B. Leg length	Left _____ " Right _____ "	H. Axilla height	_____ "
C. Waist	_____ "	I. Top of shoulder	_____ "
D. Mid-Thorax	_____ "	J. Knee to heel	_____ "
E. Axilla	_____ "	K. Top of head	_____ "
F. A-P Mid-Thorax	_____ "	L. A-P abdomen	_____ "



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____ " Depth _____ "





Ride® Custom Back Order Form

Client First and Last Name _____

Prices effective April 4, 2022.

► 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:

- ☐ Order form (enclose one copy 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 of \$290.00* will apply.

DID YOU SEND
PHOTOS?

► 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



* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00) are required if laterals are over 6" deep.

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 Medicare HCPCS Code E2617 Custom ventilated contoured seat back shell; choice of 1) ultra-breathable, 3D mesh liner, or 2) AccuSoft™ foam liner; and spacer fabric cover. Note: if AccuSoft foam liner option is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB-100	\$ 2189.00
<input type="checkbox"/> Ride Custom Back, for Commode Back Includes custom ventilated contoured seat back shell lined with 3D mesh liner and a shower-cap style cover.	RCB-100CB	\$ 2189.00
Did you send a plaster back shape? <input type="checkbox"/> RideWorks Scanning Fee	RCB-FEE	\$ 290.00

2. Ride Custom Back Size

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Trochanter width < 20"	RCB-100R	\$ 0.00
<input type="checkbox"/> Trochanter width 21" - 24"	RCB-100W	\$ 347.00

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

**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.

3. Ride Custom Back Hardware and Mounting

Item	Part Number	Mfr. Sugg. Retail Price*
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Ride FlexLoc® HardwareNOTE: Sections a, b, and c **MUST** have a selection.**a. Select Size and Quantity:**

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil® or Quantum® requires small FlexLoc mounting hardware with FlexLoc Adapter Plates from Ride Designs, 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"☐ Medium, mounting distance 15 - 18"☐ Large, mounting distance 19 - 21"☐ X-Large, mounting distance 22 - 24"☐ Omit hardware

	MSRP per set
FL-MS	\$ 561.00
FL-MM	\$ 561.00
FL-ML	\$ 561.00
FL-MX	\$ 561.00
RCB-100R-0	\$ 0.00

b. Select Mounting:☐ Clamp Mount for round back canes☐ Additional Mounting Clamps (pair)

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

☐ FlexLoc Adapter Plate

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.

FL-MCI	Standard
FL-MC	\$ 226.00
FL-MCI-P1	No Charge

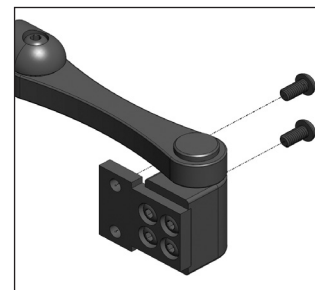
c. Select Attachment:☐ Fixed, non-removeable☐ Quick Release Option

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

FL-FMI	Standard
FL-QR	\$ 92.00



Fixed Ride FlexLoc Mount



Adapter Plate



Quick Release Option

4. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ultra-breathable 3D mesh liner	RCB-SML	\$ 0.00
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB-FS	\$ 162.00
For AccuSoft option, select one cover:		
<input type="checkbox"/> Spacer fabric cover	RCB-SFC	\$ 0.00
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only.)	RCB-IC	\$ 0.00



Ultra-breathable foam liner



AccuSoft foam liner

5. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Soft Fit (for use with ultra-breathable 3D mesh liner only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by ½" and may result in compromise of postural correction.	RCB-SF	\$ 383.00
<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	\$ 337.00
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	\$ 197.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 197.00
Extended depth lateral thoracic support**		
<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-L	\$ 327.00
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-R	\$ 327.00
— 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	\$ 215.00
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB-EHLTS-R	\$ 215.00
Extended back height		
<input type="checkbox"/> Extend back height _____" above reference line.	RCB-EBH	\$ 327.00
— 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	\$ 428.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 316.00

PHOTOS??
JUST CHECKING.

* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00) are required if laterals are over 6" deep.

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.	RCB-UHMP	\$ 181.00
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM	\$ 270.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-SHG	\$ 109.00
<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	\$ 186.00

Privacy flap

Covers gap between cushion and back support.

Size

<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB-PFS	\$ 147.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 147.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 147.00

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

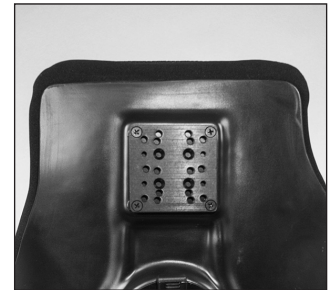
<input type="checkbox"/> Small — height 4" (two straps) Measurement around abdomen _____"	RCB-AP-4	\$ 388.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 388.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 388.00

6. Covers

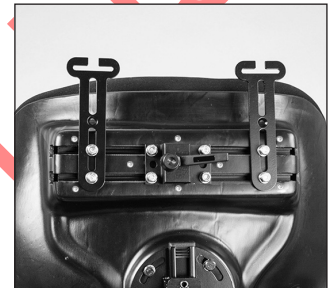
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-SFCA	\$ 365.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 365.00

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	\$ 487.00



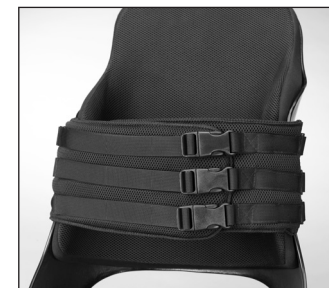
Universal Headrest Mounting Plate.



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: _____

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* All prices are in U.S. dollars.

Continue on page 8

Client First and Last Name _____

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.

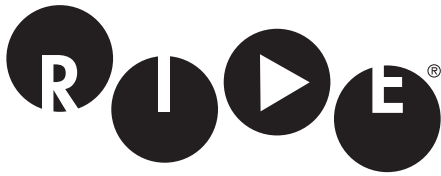


Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@riedesigns.com

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NOTE: Itemized order forms
are available should that
be your preference.

Ride® Custom Back

Bundled Package Order Form

Client's First and Last Name* _____

Attach appropriate order form for each component ordered.

- ☐ Ride Custom Back (RCB100)
Shape provided via:
☐ RideWorks Scan
☐ Plaster Cast

Date of shape capture: _____

Account # _____
PO # _____
Date _____ SO# _____
SN# _____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier _____

Ride 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 _____

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Client Information

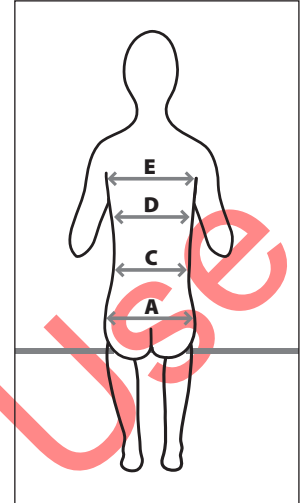
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: ☐ M ☐ F Diagnosis _____

Height _____ Weight _____

Client Measurements

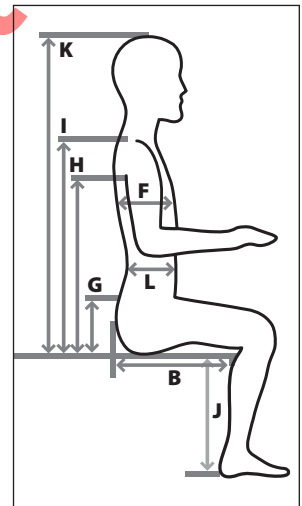
- | | |
|--|------------------------------|
| A. Trochanters _____" | G. Top of Iliac Crest _____" |
| B. Leg length Left _____" Right _____" | H. Axilla height _____" |
| C. Waist _____" | I. Top of shoulder _____" |
| D. Mid-Thorax _____" | J. Knee to heel _____" |
| E. Axilla _____" | K. Top of head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



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"



Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com



NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Prices effective April 4, 2022.

► 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:

- ☐ Order form (enclose one copy 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 of \$290.00* will apply.

DID YOU SEND
PHOTOS?

► 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



* All prices are in U.S. dollars.

** External stainless steel reinforced lateral supports (RCB-RLTS, \$428.00) are required if laterals are over 6" deep.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom Back - Bundled Medicare HCPCS Code E2617 Custom ventilated contoured seat back shell; choice of 1) ultra-breathable, 3D mesh liner or 2) AccuSoft™ foam liner; and spacer fabric cover. Note: if AccuSoft foam liner is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB100-B01	\$ 3663.00

Did you send a plaster back shape?

<input type="checkbox"/> RideWorks Scanning Fee (price not included in bundled package)	RCB-FEE	\$ 290.00
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The RCB100-B01 Bundled Package
includes all of the following options

Ride Custom Back Width

Item	Part Number
<input type="checkbox"/> Trochanter width < 20"	RCB-100R
<input type="checkbox"/> Trochanter width 21" - 24"	RCB-100W

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

**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.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Ride Custom Back Hardware and Mounting - First Set

Item

Part Number

Ride FlexLoc® Hardware

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

a. Select Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil® or Quantum® requires small FlexLoc mounting hardware with FlexLoc Adapter Plates from Ride, 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.

☐ First Set of Hardware (First set is included in the bundled price. If two sets of hardware are needed, select the second set on page 7.)

☐ Small, mounting distance 10 - 14"

FL-MS

☐ Medium, mounting distance 15 - 18"

FL-MM

☐ Large, mounting distance 19 - 21"

FL-ML

☐ X-Large, mounting distance 22 - 24"

FL-MX

☐ Omit hardware

RCB-100R-0

b. Select Mounting for first set of hardware:

☐ Clamp Mount for round back canes

FL-MCI

☐ FlexLoc Adapter Plate

FL-MCI-P1

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 for first set of hardware:

☐ Fixed, non-removeable

FL-FMI

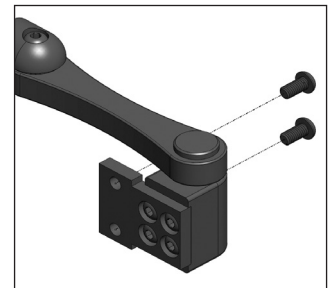
☐ Quick Release Option

FL-QR

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



Adapter Plate



Quick Release Option

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Foam Options

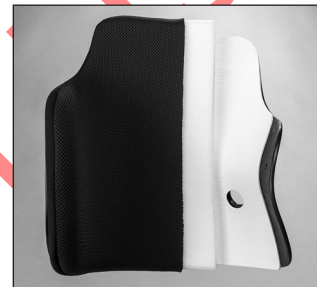
Item	Part Number
<input type="checkbox"/> Ultra-breathable, 3D mesh liner	RCB-SML
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB-FS
For AccuSoft foam liner option, select one cover:	
<input type="checkbox"/> Spacer fabric cover	RCB-SFC
<input type="checkbox"/> Wipeable, incontinence-proof cover (Only available with AccuSoft foam liner option)	RCB-IC



Ultra-breathable foam liner

Supplementary Padding, Reliefs, Dimensions

Item	Part Number
<input type="checkbox"/> Soft Fit (for use with ultra-breathable 3D mesh liner only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by ½" and may result in compromise of postural correction.	RCB-SF
<input type="checkbox"/> Complete back (including laterals)	
<input type="checkbox"/> Center only (excludes laterals)	



AccuSoft foam liner

Extended depth lateral thoracic support**

- ☐ Extend LEFT lateral thoracic support _____" forward of reference line. RCB-EDLTS-L
- ☐ Extend RIGHT lateral thoracic support _____" forward of reference line. RCB-EDLTS-R
- Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.

☐ 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.

Extended height lateral thoracic support

- ☐ Increase LEFT lateral thoracic support _____" above reference line. RCB-EHLTS-L
- ☐ Increase RIGHT lateral thoracic support _____" above reference line. RCB-EHLTS-R

Extended back height

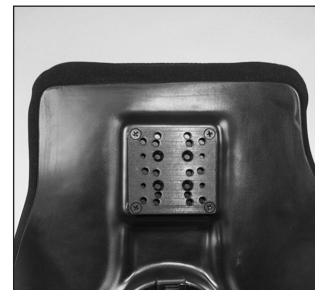
- ☐ Extend back height _____" above reference line. RCB-EBH
- Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Accessories

Item	Part Number
<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
<input type="checkbox"/> Integrated headrest/accessories mount	RCB-AM
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB-SHG
<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



Universal Headrest Mounting Plate.

Additional Options

Price not included in bundled package

Additional Hardware and Mounting Options

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

a. Select Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil® or Quantum® requires small FlexLoc mounting hardware with FlexLoc Adapter Plates from Ride, 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.

☐ Second Set of FlexLoc Hardware

☐ Small, mounting distance 10 - 14"

FL-MS \$ 561.00

☐ Medium, mounting distance 15 - 18"

FL-MM \$ 561.00

☐ Large, mounting distance 19 - 21"

FL-ML \$ 561.00

☐ X-Large, mounting distance 22 - 24"

FL-MX \$ 561.00

b. Select Mounting for second set of hardware:

☐ Clamp Mount for round back canes

FL-MCI \$ 0.00

☐ Additional Mounting Clamps (pair)

FL-MC \$ 226.00

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

☐ FlexLoc Adapter Plate

FL-MCI-P1 \$ 0.00

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.

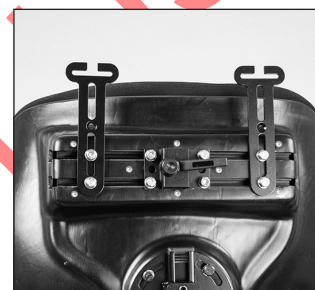
c. Select Attachment type for second set of hardware:

☐ Fixed, non-removable

FL-FMI \$ 0.00

☐ Quick Release Option

FL-QR \$ 92.00



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

PHOTOS??
JUST CHECKING.

Additional Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
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	\$ 197.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 197.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 316.00
<input type="checkbox"/> External stainless steel reinforced lateral thoracic supports	RCB-RLTS	\$ 428.00

Additional accessories

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	\$ 147.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 147.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 147.00

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 _____"	RCB-AP-4	\$ 388.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 388.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 388.00



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



Abdominal Support Panel.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Additional Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB-SFCA	\$ 365.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 365.00

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	\$ 487.00

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.

PHOTOS??
THEY MUST BE
HERE SOMEWHERE.



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