



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

Ride® Custom Systems Face Sheet :~) Bundled Package Order Form

Please fill in one face sheet per client order. **NOTE:** P.O. name and Order name need to match.

Client's First and Last Name* _____

Attach appropriate order form for each component ordered.

- Ride Custom 2 Cushion (RCC200)
Shape provided via:
 - RideWorks® Scan
 - Impression Foam
 - Evaluator Cushion
- Ride Custom AccuSoft™ Cushion (RCAC-S/RCAC-XS)
Shape provided via:
 - RideWorks Scan
 - Impression Foam
 - Evaluator Cushion
- Ride Custom Back (RCB100)
Shape provided via:
 - RideWorks Scan
 - Plaster Cast

| |
|----------------------|
| Account # _____ |
| PO # _____ |
| Date _____ SO# _____ |
| SN# _____ |

Date of shape capture: _____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____ Email _____

Ship to (if different from above)

NOTE: Ride Custom Systems must be fitted by a Ride Certified Provider and WILL NOT be drop shipped to end users.

Address _____
 City _____ State _____ Zip _____
 Phone # _____ Email _____

Referral Source

Facility Name _____
 Clinician Name _____
 Phone # _____ Email _____

Ride® Custom Systems Face Sheet

Client First and Last Name _____

Client Information

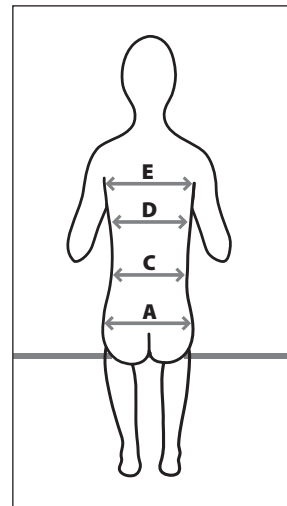
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: M F Diagnosis _____

Height _____ Weight _____

Client Measurements

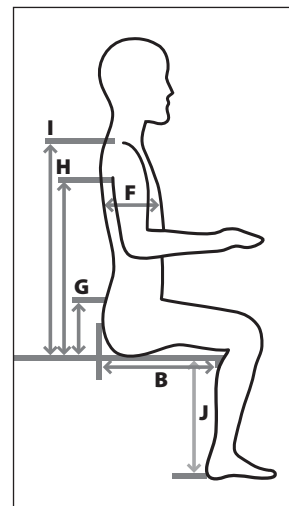
- | | |
|----------------------------------------|------------------------------|
| A. Trochanters _____" | F. A-P Mid-Thorax _____" |
| B. Leg length Left _____" Right _____" | G. Top of Iliac Crest _____" |
| C. Waist _____" | H. Axilla height _____" |
| D. Mid-Thorax _____" | I. Top of shoulder _____"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



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"



Ride Designs®
a branch of Aspen Seating, LLC

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phone 303.781.1633
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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 _____

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 - Bundled Includes 2 CAM® Wedges Medicare HCPCS Code E2609 | RCC200-B01 | \$2697.00 |

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 \$ 281.00 (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.

* 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 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" | 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 |

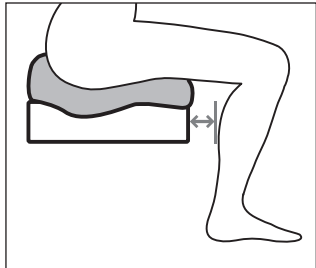
NOTE: For cushion widths greater than 24," please call for a quote.

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.

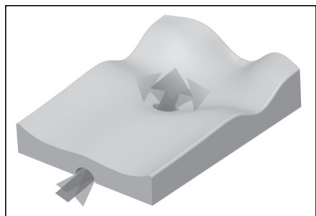
| Item | Part Number |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Equal 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)

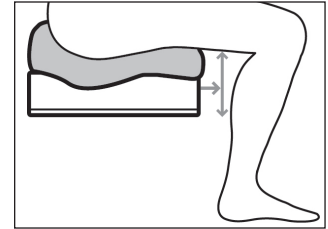
Height: L leg _____" R leg _____"

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 |

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 | 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

Additional Options

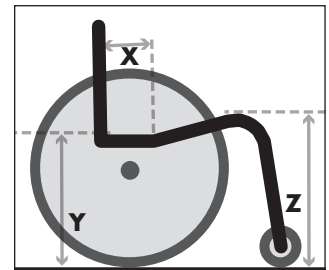
Price not included in bundled package

Cushion/Wheelchair Interface Options

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

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 | \$ 83.00 |
| <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) | \$ 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 | RCC-EM3 | \$ 156.00 |
| <input type="checkbox"/> Outer incontinent resistant cover | RCC2-IC | \$ 251.00 |
| <input type="checkbox"/> Inner incontinent resistant cover | RCC-INICA | \$ 251.00 |

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 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: _____

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.

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