

# 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 April 1, 2019.

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom 2 Cushion Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200	\$1590.00
<input type="checkbox"/> Ride Custom 2 Cushion with commode opening and solid seat pan without cover	RCC200-C	\$1590.00

## 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                      \$ 270.00
- 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

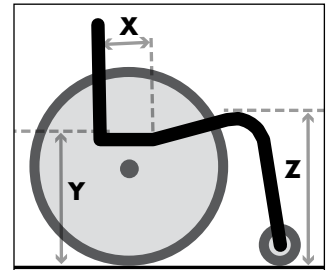
Client First and Last Name \_\_\_\_\_

## 2. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Standard Foam	RCC2-SF	Standard
<input type="checkbox"/> Firm Foam	RCC2-FF	\$ 110.00
<input type="checkbox"/> Standard Foam with front cushion reinforcement	RCC2-SF-CR	\$ 262.00
<input type="checkbox"/> Firm Foam with front cushion reinforcement	RCC2-FF-CR	\$ 395.00

## 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	\$ 126.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC-WC003	\$ 126.00
<input type="checkbox"/> Custom Mounting Platform (not compatible with bevel cut modification) ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCC-CMP	\$ 400.00
<input type="checkbox"/> Ergo frame: provide measurement "X" ____ (see illustration at right) "Y" Rear seat to floor height ____ "Z" Front seat to floor height ____	RCC-ERGO	\$ 125.00



Ergo frame measurement needed.

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

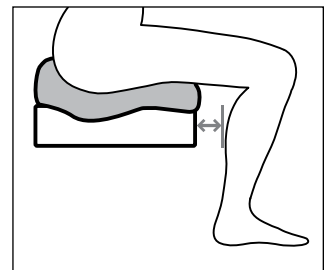
Item	Part Number	Mfr. Sugg. Retail Price*
Standard <input type="checkbox"/> 10" <input type="checkbox"/> 11" <input type="checkbox"/> 12" <input type="checkbox"/> 13" <input type="checkbox"/> 14" <input type="checkbox"/> 15" <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 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)	\$ 130.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC-CWTW	\$ 130.00

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

## 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.

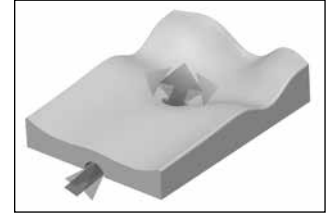
Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Equal to Shape Capture Base length	RCC-CLAC	Standard
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC-CLSL	No charge
Asymmetrical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



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	\$ 68.00
<input type="checkbox"/> Cross brace notches L _____" R _____" (as measured from front of back canes to center of cross-brace)	RCC-WC003CB	\$ 79.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC-WCFR	\$ 79.00
<input type="checkbox"/> Ventilation channel	RCC2-VC	\$ 147.00



Custom ventilation channel helps manage heat and moisture.

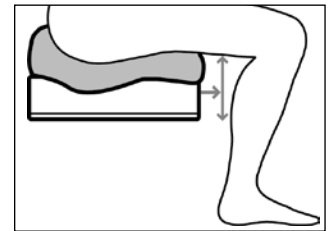
**7. Sitting Height**

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	\$ 147.00
<input type="checkbox"/> As low as possible	RCC-SHDH	\$ 147.00



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	\$ 45.00
<input type="checkbox"/> Additional Ride CAM® wedge kit	RCC2-WK	\$ 35.00
<input type="checkbox"/> Full contact Cushion manufactured as captured (compromises air flow and microclimate management at bony prominences). △ WARNING: Full contact is not recommended for users at high risk of skin breakdown.	RCC-FC	No charge



Determine targeted front of cushion height (front view).

## 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	\$ 111.00
<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	\$ 111.00
<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	\$ 111.00
<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	\$ 74.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 137.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM3	\$ 149.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 200.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC-SP	\$ 74.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC-EM2	\$ 137.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit (not recommended for Ride Custom Cushion 2)	RCC-EM3	\$ 149.00
<input type="checkbox"/> Outer incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC2-IC	\$ 242.00
<input type="checkbox"/> Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC-INICA	\$ 242.00

**11. Additional Custom Cushion Accessories/Items**

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCC-WK	\$ 35.00
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge		
<input type="checkbox"/> For 14" / 36cm cushion widths	OW-1414	\$ 75.00
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	OW-1616	\$ 75.00
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	OW-1816	\$ 75.00
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	OW-2016	\$ 75.00

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	\$ 247.00

**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](http://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

toll-free 866.781.1633  
 phone 303.781.1633  
 fax 303.781.1722

[www.ridedesigns.com](http://www.ridedesigns.com)