



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**

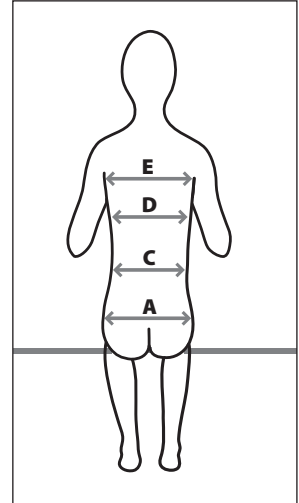
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex:  M  F Diagnosis \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Client Measurements**

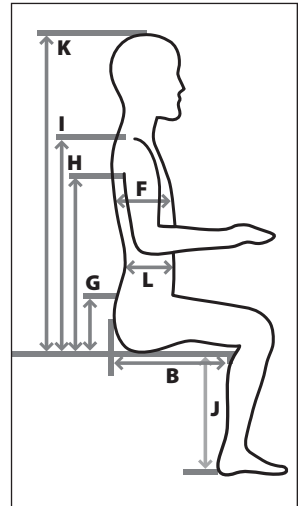
- |  |                              |
|--|------------------------------|
| A. Trochanters _____"                  | G. Top of Iliac Crest _____" |
| B. Leg length Left _____" Right _____" | H. Axilla height _____"      |
| C. Waist _____"                        | I. Top of shoulder _____"    |
| D. 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 \_\_\_\_\_

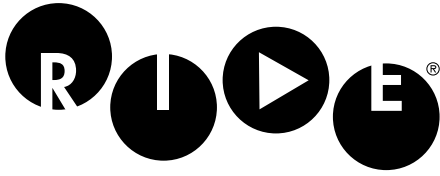
Frame Width \_\_\_\_\_" Depth \_\_\_\_\_"



**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 \_\_\_\_\_

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

## ► Shape capture method

### Using RideWorks® app?

Before scanning, on the clear, outer shape capture bag (using a black permanent marker), draw trim lines and marks to draw the back as it should be manufactured, including:

- Arrow pointing upward, indicating top of back
- Soft relief areas to protect bony prominences
- Depth and height of the lateral trunk supports\*\*



### Using plaster instead of RideWorks app?

Before shipping cast, allow to DRY for 48 hours, and complete the following:

- Face sheet
- Order form (enclose one copy of each in box with cast)

Mark cast with following information:

- Trim lines
- Arrow pointing upward indicating top of back
- Vertical line at approximate midline of wheelchair. Note: This may differ from client midline in the presence of severe postural asymmetry.
- Client first name and last initial (name should exactly match name on order form face sheet)
- Date
- Supplier/Vendor
- Supplier/Vendor representative name
- Therapist name

NOTE: Do not ship cast in a plastic bag.

If plaster is sent to Ride Designs, a RideWorks scanning fee of \$281.00\* 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, \$415.00) 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"/> <b>Ride Custom Back - Bundled</b> 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	\$ 3556.00
Did you send a plaster back shape? <input type="checkbox"/> RideWorks Scanning Fee (price not included in bundled package)	RCB-FEE	\$ 281.00

**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.

\* All prices are in U.S. dollars.

## Ride Custom Back Hardware and Mounting - First Set

Item	Part Number
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### 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. Permobil® and Quantum® aftermarket back interfaces require small mounting hardware with the FlexLoc Adapter Plate for Permobil, and cane clamps 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.

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.)

- |  |            |
|--|------------|
| <input type="checkbox"/> Small, mounting distance 10 - 14"   | FL-MS      |
| <input type="checkbox"/> Medium, mounting distance 15 - 18"  | FL-MM      |
| <input type="checkbox"/> Large, mounting distance 19 - 21"   | FL-ML      |
| <input type="checkbox"/> X-Large, mounting distance 22 - 24" | FL-MX      |
| <input type="checkbox"/> Omit hardware                       | RCB-100R-0 |

#### b. Select Mounting for first set of hardware:

- |   |           |
|---|-----------|
| <input type="checkbox"/> Clamp Mount for round back canes   | FL-MCI    |
| <input type="checkbox"/> FlexLoc Adapter Plate<br>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 |

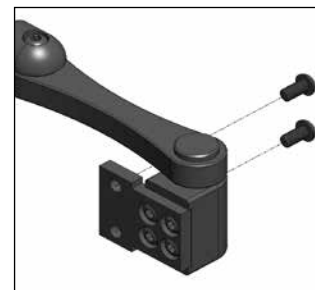
#### c. Select Attachment for first set of hardware:

- |  |        |
|--|--------|
| <input type="checkbox"/> Fixed, non-removeable | FL-FMI |
| <input type="checkbox"/> 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)	
Extended depth lateral thoracic support**	
<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB-EDLTS-L
<input type="checkbox"/> 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.	
<input type="checkbox"/> Enhanced relief Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes.	RCB-ERFP
— 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	
<input type="checkbox"/> Increase LEFT lateral thoracic support _____" above reference line.	RCB-EHLTS-L
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB-EHLTS-R
Extended back height	
<input type="checkbox"/> 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.	



AccuSoft foam liner

\*\* External stainless steel reinforced lateral supports (RCB-RLTS, \$415.00) are required if laterals are over 6" deep.

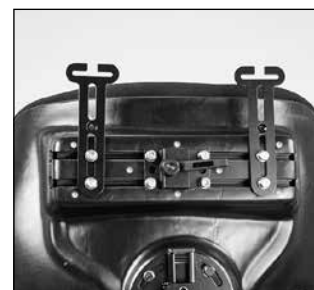
**Ride® Custom Back Bundled Package Order Form**  
**Client First and Last Name** \_\_\_\_\_

**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.



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

**Additional Options**  
**Price not included in bundled package**

**Additional Hardware and Mounting Options**

Item	Part Number	Mfr. Sugg. Retail Price*
<b>Ride FlexLoc® Hardware - Second Set</b>		
<b>a. Select Size:</b>		
NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Permobil® and Quantum® aftermarket back interfaces require small mounting hardware with the FlexLoc Adapter Plate for Permobil, and cane clamps for Quantum.		
*WARNING! Two (2) sets of FlexLoc hardware are required if the client presents with any of the following:		
<ul style="list-style-type: none"> <li>• Weight exceeds 250 pounds</li> <li>• Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28"</li> <li>• Severe extensor tone, spasticity, etc.</li> </ul>		
<input type="checkbox"/> Second Set of FlexLoc Hardware		
<input type="checkbox"/> Small, mounting distance 10 - 14"	FL-MS	\$ 544.00
<input type="checkbox"/> Medium, mounting distance 15 - 18"	FL-MM	\$ 544.00
<input type="checkbox"/> Large, mounting distance 19 - 21"	FL-ML	\$ 544.00
<input type="checkbox"/> X-Large, mounting distance 22 - 24"	FL-MX	\$ 544.00
<b>b. Select Mounting for second set of hardware:</b>		
<input type="checkbox"/> Clamp Mount for round back canes	FL-MCI	\$ 0.00
<input type="checkbox"/> Additional Mounting Clamps (pair)	FL-MC	\$ 219.00
NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.		
<input type="checkbox"/> 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.		
<b>c. Select Attachment type for second set of hardware:</b>		
<input type="checkbox"/> Fixed, non-removable	FL-FMI	\$ 0.00
<input type="checkbox"/> Quick Release Option	FL-QR	\$ 89.00

**PHOTOS??**  
**JUST CHECKING.**

\* All prices are in U.S. dollars.

**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	\$ 191.00
<input type="checkbox"/> Right	RCB-ASP-R	\$ 191.00
<input type="checkbox"/> Vertical back reinforcement	RCB-RBS	\$ 306.00
<input type="checkbox"/> External stainless steel reinforced lateral thoracic supports	RCB-RLTS	\$ 415.00

**Additional accessories**

Item	Part Number	Mfr. Sugg. Retail Price*
<b>Privacy flap</b> Covers gap between cushion and back support.		
<b>Size</b>		
<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB-PFS	\$ 142.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB-PFM	\$ 142.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB-PFL	\$ 142.00



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	\$ 376.00
<input type="checkbox"/> Medium — height 6" (three straps) Measurement around abdomen _____"	RCB-AP-6	\$ 376.00
<input type="checkbox"/> Large — height 8" (three straps) Measurement around abdomen _____"	RCB-AP-8	\$ 376.00



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	\$ 354.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB-ICA	\$ 354.00

**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	\$ 472.00

**Total:** \_\_\_\_\_

**Special Instructions or Comments**

NOTE: May affect price; call to request quote.

\_\_\_\_\_

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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).

<p><b>PHOTOS??</b> THEY MUST BE HERE SOMEWHERE.</p>
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