



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

Other

Date of shape capture: \_\_\_\_\_

\*Internal management of personal information is HIPAA compliant.

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

## 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**

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**Client Information**

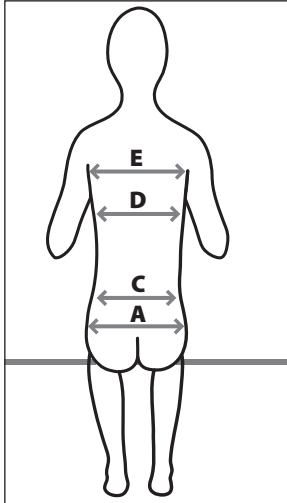
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

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

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

**Client Measurements**

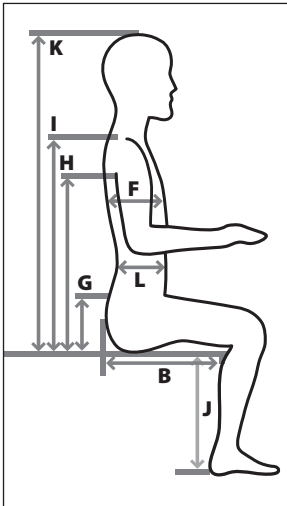
- |                                 |   |
|---------------------------------|---|
| A. Trochanters _____"           | G. Top of Iliac Crest R _____" L _____" |
| B. Leg length L _____" R _____" | H. Axilla height R _____" L _____"      |
| C. Iliac Crest _____"           | I. Top of shoulder R _____" L _____"    |
| 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 \_\_\_\_\_"

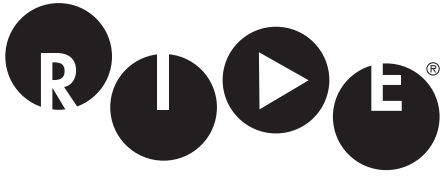


**Ride Designs®**  
a branch of Aspen Seating, LLC



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Prices effective January 8, 2024.

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	\$2917.00

### Shape Capture Process (please check one)

- Bead Bag  
Indicate Shape Capture Base size used:
  - Small (Blue)     Medium (White)
  - Large (Red)     None
  
- Shape Capture Base Wedged Up \_\_\_\_\_"
  - Front     Rear
  - Left Side     Right Side
  - Build wedge into cushion per simulation                      RCC2-WS                      Included in Bundled Price
  - Do not build wedge into cushion
  
- 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

### 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.

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**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.)

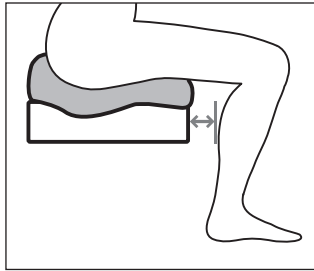
Item	Part Number
Standard <input type="checkbox"/> 10" <input type="checkbox"/> 11" <input type="checkbox"/> 12" <input type="checkbox"/> 13" <input type="checkbox"/> 14" <input type="checkbox"/> 15" <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"	RCC2-____ (width)
Extra large width (Selection of Firm Foam RCC2-FF is strongly recommended.) <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 _____"	RCC2-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.

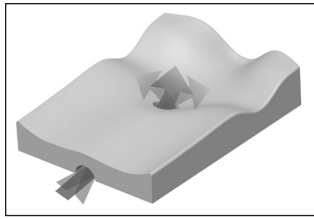
Item	Part Number
<input type="checkbox"/> Equal to Shape Capture Base length	RCC2-CLAC
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC2-CLSL
Asymmetrical Length LEFT <input type="checkbox"/> Equal to Shape Capture Base length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" to Shape Capture Base length	RCC2-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	RCC2-CLALR



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

**Modifications**

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



Custom ventilation channel helps manage heat and moisture.

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**Sitting Height**

Targeted final front cushion height (see diagrams at right)

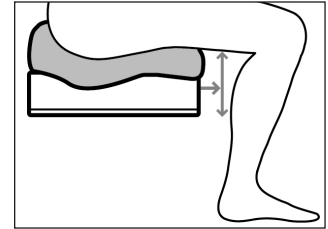
Height: L leg \_\_\_\_\_" R leg \_\_\_\_\_"

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	RCC2-SHAC
<input type="checkbox"/> Increase overall height _____"	RCC2-SHIH
<input type="checkbox"/> As low as possible	RCC2-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.	RCC2-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).

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**Thigh/Femoral Support**

Item	Part Number
<b>Medial Thigh Support</b> If no selection is made, the medial thigh support will be manufactured as captured.	
<input type="checkbox"/> As captured	RCC2-MTAC
<input type="checkbox"/> Eliminate	RCC2-MTE
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-MTI
<input type="checkbox"/> Decrease _____"	RCC2-MTD
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-MTM

**Lateral Thigh Support**

LEFT

<input type="checkbox"/> As captured	RCC2-LTAC
<input type="checkbox"/> Eliminate	RCC2-LTEL
<input type="checkbox"/> Increase _____"(maximum 3" total height from bottom of leg trough)	RCC2-LTIL
<input type="checkbox"/> Decrease _____"	RCC2-LTDL
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-LTML

RIGHT

<input type="checkbox"/> As captured	RCC2-LTAC
<input type="checkbox"/> Eliminate	RCC2-LTER
<input type="checkbox"/> Increase _____"(maximum 3" total height from bottom of leg trough)	RCC2-LTIR
<input type="checkbox"/> Decrease _____"	RCC2-LTDR
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-LTMR

**Covers**

Item	Part Number
<input type="checkbox"/> One breathable spacer fabric zip cover included	
<input type="checkbox"/> Spandex layer over spacer fabric	RCC2-SP
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC2-EM2

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## Custom Cushion Accessories/Items

Item	Part Number
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge (These wedges are loose. For a built-in wedge, please see page 3.)	
<input type="checkbox"/> For 14" / 36cm cushion widths	RCC2-OW-1414
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCC2-OW-1616
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCC2-OW-1816
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCC2-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	
<input type="checkbox"/> Ride CAM® Wedge Kit**	RCC2-WK

## 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	RCC2-WC003	\$ 142.00
<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)	RCC2-CMP	\$ 450.00

## Cushion Modification Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC2-WCFR	\$ 91.00

## Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	\$ 226.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC2-SP	\$ 86.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC2-EM2	\$ 156.00
<input type="checkbox"/> Three-layer spacer fabric Soft Fit	RCC2-EM3	\$ 170.00
<input type="checkbox"/> Outer incontinent resistant cover	RCC2-IC	\$ 272.00
<input type="checkbox"/> Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC2-INICA	\$ 272.00

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

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

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**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	\$ 279.00

**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).

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



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