

Ride® Custom Systems Face Sheet :~)

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

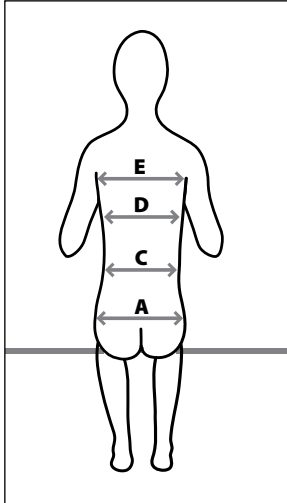
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex: M F Diagnosis _____

Height _____ Weight _____

Client Measurements

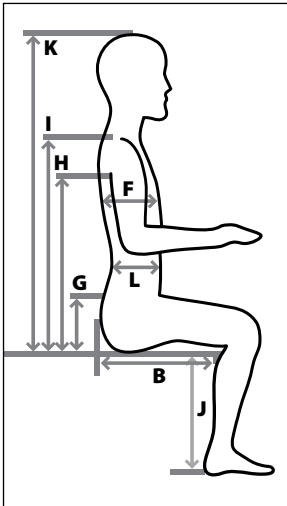
- | | |
|--|------------------------------|
| A. Trochanters _____" | G. Top of Iliac Crest _____" |
| B. Leg length Left _____" Right _____" | H. Axilla height _____" |
| C. Waist _____" | I. Top of shoulder _____" |
| D. Mid-Thorax _____" | J. Knee to heel _____" |
| E. Axilla _____" | K. Top of head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



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"



RideWorks® Custom 2 Cushion Order Form

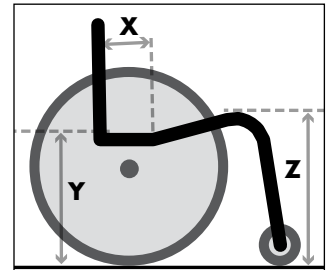
Client First and Last Name _____

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 ____	RCC-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

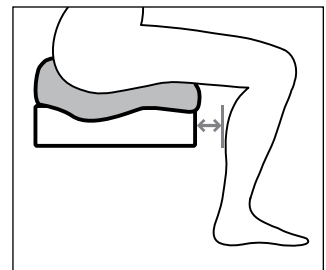
NOTE: For cushion widths greater than 24," please call for a quote.

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 _____"

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.

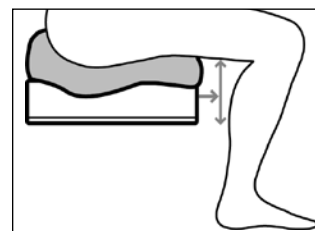
7. Sitting Height

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

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®
 a branch of Aspen Seating, LLC

toll-free 866.781.1633
 phone 303.781.1633
 fax 303.781.1722

www.ridedesigns.com
customerservice@ridedesigns.com