



toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722
www.ridedesigns.com

Ride® Custom Back Order Form

Client's First and Last Name* _____

Attach appropriate order form for each component ordered.

☐ Ride Custom Back (RCB200)

Shape provided via:

☐ RideWorks® Scan

☐ Client measurements and finished product dimensions

Note: Only available with AccuSoft foam liner. See special instructions on page 3.

Account # _____

PO # _____

Date _____ SO# _____

SN# _____

Date of shape capture: _____

*Internal management of personal information is HIPAA compliant.

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 _____

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 _____"

B. Leg length L _____" R _____"

C. Iliac Crest _____"

D. Mid-Thorax _____"

E. Axilla _____"

F. A-P Mid-Thorax _____"
- G. Top of Iliac Crest L _____" R _____"

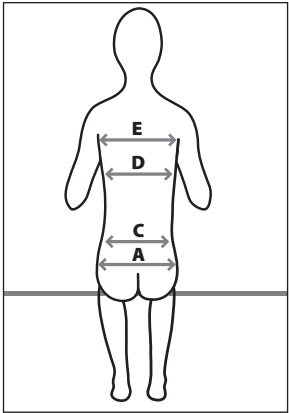
H. Axilla height L _____" R _____"

I. Top of shoulder L _____" R _____"

J. Knee to heel _____"

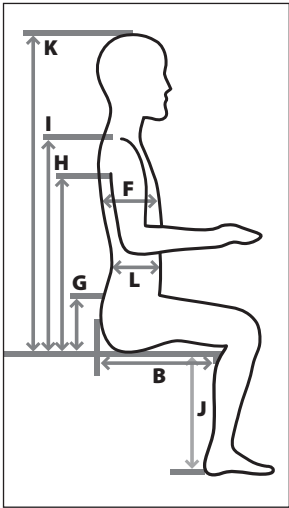
K. Top of head _____"

L. A-P abdomen _____"



Mobility Base Specifications

Wheelchair Make _____ Model _____
Frame Width _____" Depth _____"





Ride® Custom Back Order Form

Client First and Last Name _____

Prices effective January 8, 2024.

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



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

DID YOU SEND
PHOTOS?



► Using client measurements and final product dimensions? (No scan required. Only available with AccuSoft foam liner.)

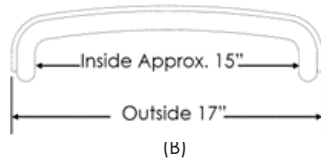
1. Go to page 2 and confirm the following required client measurements have been provided: G; H; I

2. Provide the following desired dimensions of the finished Ride Custom Back:

☐ Finished back height (A) _____"

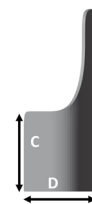
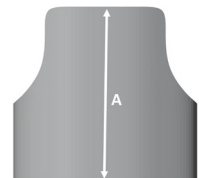
☐ Finished back width from outside R Lateral to outside L Lateral (B) _____"

NOTE: client using the Ride Custom Back will compress the foam approximately 1/4" to 3/8" inside each lateral (see illustrated example below)



☐ Finished lateral height (C) L _____" R _____"

☐ Finished lateral depth (D) L _____" R _____"



Important: Clients who present with significant postural asymmetries and require substantial support to maintain optimal posture will experience the best outcome with a Ride Custom Back made from a captured shape that is scanned and submitted to Ride.

Ride® Custom Back Order Form

Client First and Last Name _____

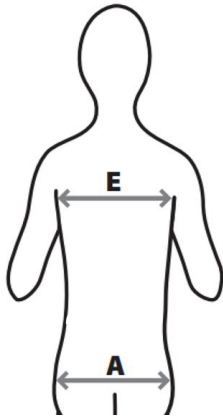
1. Ride Custom Back Type

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ride Custom Back Medicare HCPCS Code E2617 Custom 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 option is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB200	\$ 2299.00
<input type="checkbox"/> Ride Custom Back, for Commode Back Includes custom contoured seat back shell lined with 3D mesh liner and a shower-cap style cover.	RCB200-C	\$ 2299.00

2. Ride Custom Back Size

Item	Part Number	Mfr. Sugg. Retail Price*
------	-------------	--------------------------

Provide width measurement at widest spot between Axilla (E) and Trochanters (A) _____"



<input type="checkbox"/> Widest spot is < 20"	RCB2-200R	\$ 0.00
<input type="checkbox"/> Widest spot is 21" - 24"	RCB2-200W	\$ 365.00

For widths greater than 24", pricing will be individually determined and quoted.

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
NOTE: Measure back height from top trimline to bottom trimline.		

* All prices are in U.S. dollars.

3. Ride Custom Back Hardware and Mounting

Item	Part Number	Mfr. Sugg. Retail Price*
------	-------------	--------------------------

Ride FlexLoc® Hardware

NOTE: Sections a, b, and c **MUST** have a selection.

a. Select Size and Quantity:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil® or Quantum® requires small FlexLoc mounting hardware with FlexLoc Adapter Plates from Ride Designs, Direct Backrest Frame from Permobil, or Aftermarket Back Interface from 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.

☐ Single Set of Hardware

☐ Double Set of Hardware

☐ Small, mounting distance 10 - 14"

☐ Medium, mounting distance 15 - 18"

☐ Large, mounting distance 19 - 21"

☐ X-Large, mounting distance 22 - 24"

☐ Omit hardware

	MSRP per set
RCB2-FL-MS	\$ 590.00
RCB2-FL-MM	\$ 590.00
RCB2-FL-ML	\$ 590.00
RCB2-FL-MX	\$ 590.00
RCB2-200R-0	\$ 0.00

b. Select Mounting:

☐ Clamp Mount for round back canes

☐ Additional Mounting Clamps (pair)

NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.

RCB2-FL-MCI	Standard
RCB2-FL-MC	\$ 238.00

☐ Quickie Sedeo Pro Interface Bracket

Mounts RCB200 to Quickie Sedeo Pro Power

Seating System. NOTE: Not compatible with Quickie Sedeo Pro Advanced.

Order small FlexLoc hardware for use with this option. This option replaces cane clamps.

RCB2-QSIB	\$ 205.00
-----------	-----------

☐ FlexLoc Adapter Plate

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.

RCB2-FL-MCI-P1	No Charge
----------------	-----------

c. Select Attachment:

☐ Fixed, non-removeable

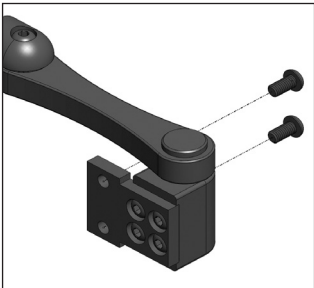
☐ Quick Release Option

RCB2-FL-FMI	Standard
RCB2-FL-QR	\$ 97.00

NOTE: The Ride FlexLoc Mount can be interfaced with most any wheelchair configuration. Contact Ride Designs for a solution to your mounting challenge.



Ride FlexLoc Hardware on RCB200



Adapter Plate



Quick Release Option

* All prices are in U.S. dollars.

Ride® Custom Back Order Form

Client First and Last Name _____

4. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Ultra-breathable 3D mesh liner (Available with scanned shape only.)	RCB2-SML	\$ 0.00
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB2-FS	\$ 171.00
For AccuSoft option, select one cover:		
<input type="checkbox"/> Spacer fabric cover	RCB2-SFC	\$ 0.00
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only.)	RCB2-IC	\$ 0.00



Ultra-breathable foam liner



AccuSoft foam liner

5. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
<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.	RCB2-SF	\$ 403.00
<input type="checkbox"/> Complete back (including laterals)		
<input type="checkbox"/> Center only (excludes laterals)		
<input type="checkbox"/> Enhanced relief Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes. — Draw desired location(s) and shape of relief on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-ERFP	\$ 354.00
Axillary support pad Typically used for distribution of corrective forces near the axilla on concave side of scoliosis.		
<input type="checkbox"/> Left	RCB2-ASP-L	\$ 207.00
<input type="checkbox"/> Right	RCB2-ASP-R	\$ 207.00
Extended depth lateral thoracic support		
<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L	\$ 344.00
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-R	\$ 344.00
— Mark reference line(s) 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.	RCB2-EHLTS-L	\$ 226.00
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R	\$ 226.00
Extended back height		
<input type="checkbox"/> Extend back height _____" above reference line.	RCB2-EBH	\$ 344.00
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.		
<input type="checkbox"/> Reinforced lateral thoracic supports	RCB2-RLTS	\$ 450.00
Note: No longer required for lateral supports more than 6" deep. It is not possible to modify the width of lateral supports on the RCB200 by bending or flaring the lateral reinforcement. Width adjustments must be made by heating the back shell.		
<input type="checkbox"/> Vertical back reinforcement	RCB2-RBS	\$ 332.00

PHOTOS??
JUST CHECKING.

* All prices are in U.S. dollars.

Ride® Custom Back Order Form

Client First and Last Name _____

5. Accessories

Item	Part Number	Mfr. Sugg. Retail Price*
<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.	RCB2-UHMP	\$ 191.00
<input type="checkbox"/> Integrated headrest/accessories mount Note: May be mounted to FlexLoc vertical track if back height is not sufficient for an integrated mount.	RCB2-AM	\$ 284.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB2-SHG	\$ 115.00
<input type="checkbox"/> Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-SHGI	\$ 196.00

Privacy flap

Covers gap between cushion and back support.

Size

- | | | |
|--|----------|-----------|
| <input type="checkbox"/> Small — fits wheelchair widths less than 14" | RCB2-PFS | \$ 155.00 |
| <input type="checkbox"/> Medium — fits wheelchair widths 15 - 17" | RCB2-PFM | \$ 155.00 |
| <input type="checkbox"/> Large — fits wheelchair widths 18" and larger | RCB2-PFL | \$ 155.00 |

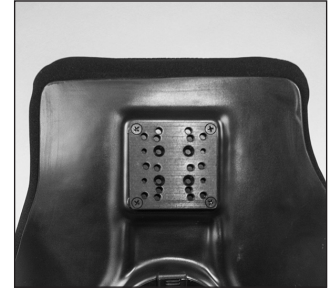
Abdominal support panel

Instructions:

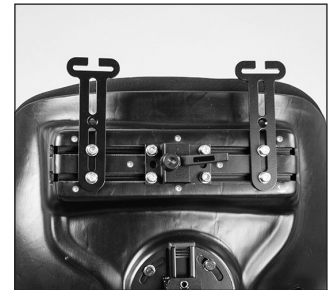
1. Before removing client from back shape capture bag, mark height of each ASIS on clear, outer bag.
2. Measure up from this mark to establish desired height of abdominal panel needed.
3. Ride Designs will install the abdominal panel for you to meet these specifications.

Size

- | | | |
|---|-----------|-----------|
| <input type="checkbox"/> Small — height 4" (two straps)
Measurement around abdomen _____" | RCB2-AP-4 | \$ 408.00 |
| <input type="checkbox"/> Medium — height 6" (three straps)
Measurement around abdomen _____" | RCB2-AP-6 | \$ 408.00 |
| <input type="checkbox"/> Large — height 8" (three straps)
Measurement around abdomen _____" | RCB2-AP-8 | \$ 408.00 |



Universal Headrest Mounting Plate.



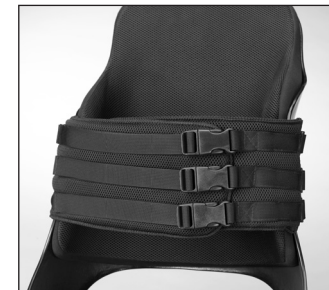
Integrated Headrest/Accessories Mount with Shoulder Harness Guides and headrest mount installed.



Privacy flap covers the space between the cushion and back support.

6. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB2-SFCA	\$ 384.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB2-ICA	\$ 384.00



Abdominal Support Panel.

7. 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.	RCB2-DGK	\$ 512.00

Total: _____

Page 7

Continue on page 8

* All prices are in U.S. dollars.

Client First and Last Name

NOTE: May affect price; call to request quote.

PHOTOS??

THEY MUST BE
HERE SOMEWHERE.



SUNRISE
MEDICAL

www.ridedesigns.com
customerservice@ridedesigns.com

Page 8