NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Back
Bundled Package 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

☐ Plaster Cast

Date of shape capture: _____

Account # _____

PO # _____

Date _____ SO# _____

SN# _____

*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 _____

Continue on page 2

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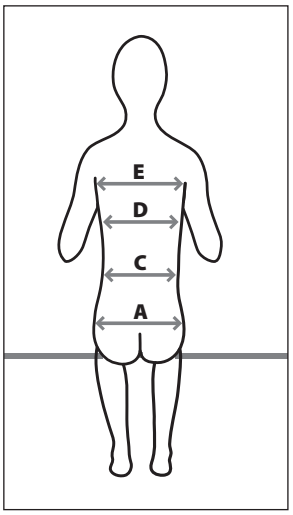
Client First and Last Name _____

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 _____



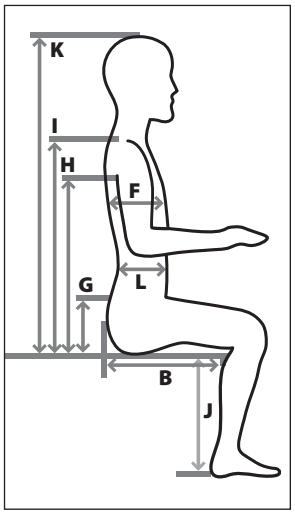
Client Measurements

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®
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www.ridedesigns.com

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NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Back
Bundled Package Order Form

Client First and Last Name _____

Prices effective November 1, 2022.

▶ 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:

- ☐ Order form (enclose one copy 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 $290.00* 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

Continue on page 4

* All prices are in U.S. dollars.

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Item	Part Number	Mfr. Sugg. Retail Price*
☐ **Ride Custom Back - Bundled** 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.	RCB200 Bundle	$ 3663.00

Did you send a plaster back shape?

☐ RideWorks Scanning Fee (price not included in bundled package)	RCB2-FEE	$ 290.00

The RCB200 Bundled Package includes all of the following options

Ride Custom Back Width

Item	Part Number
☐ Trochanter width < 20"	RCB2-200R
☐ Trochanter width 21" - 24"	RCB2-200W

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.

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* All prices are in U.S. dollars.

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Ride Custom Back Hardware and Mounting - First Set

Item	Part Number

Ride FlexLoc® Hardware

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

Ride FlexLoc Hardware

a. Select Size:

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, a 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:

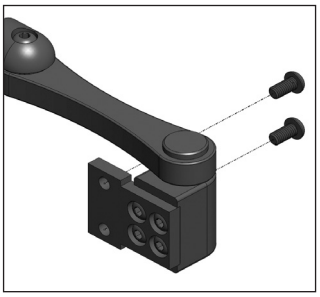
- Weight exceeds 250 pounds
- Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

☐ 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.)

☐ Small, mounting distance 10 - 14"	RCB2-FL-MS
☐ Medium, mounting distance 15 - 18"	RCB2-FL-MM
☐ Large, mounting distance 19 - 21"	RCB2-FL-ML
☐ X-Large, mounting distance 22 - 24"	RCB2-FL-MX
☐ Omit hardware	RCB2-200R-0

b. Select Mounting for first set of hardware:

☐ Clamp Mount for round back canes	RCB2-FL-MCI
☐ 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



Adapter Plate

c. Select Attachment for first set of hardware:

☐ Fixed, non-removeable	RCB2-FL-FMI
☐ Quick Release Option	RCB2-FL-QR

Quick Release Option

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

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Foam Options

Item	Part Number
☐ Ultra-breathable, 3D mesh liner	RCB2-SML
☐ AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB2-FS
For AccuSoft foam liner option, select one cover:	
☐ Spacer fabric cover	RCB2-SFC
☐ Wipeable, incontinence-proof cover (Only available with AccuSoft foam liner option)	RCB2-IC

Ultra-breathable foam liner

AccuSoft foam liner

Supplementary Padding, Reliefs, Dimensions

Item	Part Number
☐ 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. ☐ Complete back (including laterals) ☐ Center only (excludes laterals)	RCB2-SF
Extended depth lateral thoracic support ☐ Extend LEFT lateral thoracic support _____" forward of reference line. ☐ Extend RIGHT lateral thoracic support _____" forward of reference line. — Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-EDLTS-L RCB2-EDLTS-R
☐ 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
Extended height lateral thoracic support ☐ Increase LEFT lateral thoracic support _____" above reference line. ☐ Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L RCB2-EHLTS-R
Extended back height ☐ Extend back height _____" above reference line. — Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-EBH

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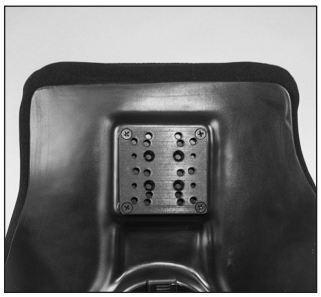
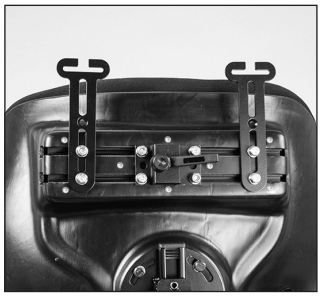
Accessories

Item	Part Number
☐ 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
☐ Integrated headrest/accessories mount	RCB2-AM
☐ Shoulder harness guides, pair, loose	RCB2-SHG
☐ Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-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*
Ride FlexLoc® Hardware - Second Set		
a. Select Size:		
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, a 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.		
☐ Second Set of FlexLoc Hardware		
☐ Small, mounting distance 10 - 14"	RCB2-FL-MS	$ 561.00
☐ Medium, mounting distance 15 - 18"	RCB2-FL-MM	$ 561.00
☐ Large, mounting distance 19 - 21"	RCB2-FL-ML	$ 561.00
☐ X-Large, mounting distance 22 - 24"	RCB2-FL-MX	$ 561.00
b. Select Mounting for second set of hardware:		
☐ Clamp Mount for round back canes	RCB2-FL-MCI	$ 0.00
☐ Additional Mounting Clamps (pair) NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.	RCB2-FL-MC	$ 226.00
☐ 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	$ 0.00
c. Select Attachment type for second set of hardware:		
☐ Fixed, non-removable	RCB2-FL-FMI	$ 0.00
☐ Quick Release Option	RCB2-FL-QR	$ 92.00

PHOTOS??
JUST CHECKING.

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* All prices are in U.S. dollars.

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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.		
☐ Left	RCB2-ASP-L	$ 197.00
☐ Right	RCB2-ASP-R	$ 197.00
☐ Vertical back reinforcement	RCB2-RBS	$ 316.00
☐ External reinforced lateral thoracic supports	RCB2-RLTS	$ 428.00

Note: If the lateral reinforcement bar has been ordered previously to make modifications to back width without using heat, please be advised this method of modifying back width is not possible with the 3D printed Custom Back. Width modifications will need to be made by heating the back shell and flaring or narrowing it.

Additional accessories

Item	Part Number	Mfr. Sugg. Retail Price*
Privacy flap Covers gap between cushion and back support. **Size**		
☐ Small — fits wheelchair widths less than 14"	RCB2-PFS	$ 147.00
☐ Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	$ 147.00
☐ Large — fits wheelchair widths 18" and larger	RCB2-PFL	$ 147.00

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		
☐ Small — height 4" (two straps) Measurement around abdomen _____"	RCB2-AP-4	$ 388.00
☐ Medium — height 6" (three straps) Measurement around abdomen _____"	RCB2-AP-6	$ 388.00
☐ Large — height 8" (three straps) Measurement around abdomen _____"	RCB2-AP-8	$ 388.00

Abdominal Support Panel.

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Additional Covers

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable cover	RCB2-SFCA	$ 365.00
☐ Additional wipeable, incontinence-proof cover	RCB2-ICA	$ 365.00

Growth

Item	Part Number	Mfr. Sugg. Retail Price*
☐ 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	$ 487.00

Total: _____

Special Instructions or Comments

NOTE: May affect price; call to request quote.

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.

PHOTOS??
THEY MUST BE HERE SOMEWHERE.

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