Ride Designs®
a branch of Aspen Seating, LLC

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

Ride® Custom 2 Cushion and Custom Back

Fields highlighted in red are required.

Download this form and open in Adobe for optimum functionality

NOTE: Please make sure the client name on the order form matches the client name on the purchase order.

Client's First and Last Name* _____

☐ Ride Custom 2 Cushion (RCC200)
Shape provided via:
- ☐ **RideWorks® Scan**
- ☐ **Other** _____

☐ 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 9.

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. Therefore we will not drop ship to end users.

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Referral Source

Facility Name _____

Clinician Name _____

Phone # _____ Email _____

Continue on page 2

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

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.

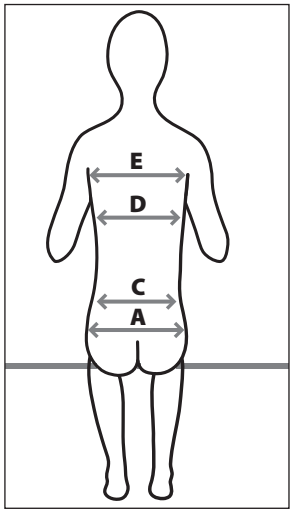
Sex: ☐ M ☐ F Diagnosis _____

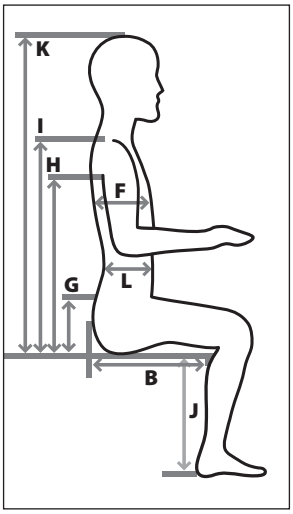
Does client have:

☐ Current tissue injury? Location _____ Stage _____

☐ History of tissue injury? Location _____ Stage _____

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 _____"

Continue on page 3

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

Ride® Custom 2 Cushion Order Form

for Ride® Custom Cushions machine-carved from a RideWorks scanned image

Client First and Last Name _____

Prices effective January 8, 2024

Item	Part Number	Mfr. Sugg. Retail Price*
☐ **Ride Custom 2 Cushion** Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200	$1782.00
☐ **Ride Custom 2 Cushion with commode opening and solid seat pan without cover**	RCC200-C	$1782.00

Seat Cushion Shape Capture Process (please check one)

☐ Bead Bag
Indicate Shape Capture Base size used:
☐ Small (Blue) ☐ Medium (White)
☐ Large (Red) ☐ None

☐ Shape capture base is wedged up _____"
☐ Front ☐ Rear ☐ Left Side ☐ Right Side
☐ Build wedge into cushion per simulation — RCC2-WS — $166.00
☐ 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 _____"
(Heights are not guaranteed if the cushion being scanned is a discontinued product.)
Is the existing cushion used on a sling seat? ☐ Yes ☐ No
(If yes, please note the new cushion will be made with a flat bottom. If the cushion being duplicated has a rounded bottom from use in the sling, this may result in height differences between the existing cushion and new cushion. Add the Bevel Cut option if the new cushion will be used on a sling seat.)

Resting Posture of Pelvis in Ride Shape Capture

☐ Neutral ☐ Posterior ☐ Anterior

1. 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 both sides of client during shape capture.
☐ Photograph of captured shape.

Continue on page 4

* All prices are in U.S. dollars.

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

Client First and Last Name _____

2. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Standard Foam (max. weight 250 lbs.)	RCC2-SF	Standard
☐ Firm Foam (max. weight 300 lbs)	RCC2-FF	$ 125.00
☐ Standard Foam with front cushion reinforcement	RCC2-SF-CR	$ 296.00
☐ Firm Foam with front cushion reinforcement	RCC2-FF-CR	$ 445.00

3. Cushion/Wheelchair Interface (Flat bottom for solid seat is standard.)

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Bevel Cut Modification for sling seat	RCC2-BC	$ 142.00
☐ Drop Seat Modification, 1" drop	RCC2-WC003	$ 142.00
☐ Custom Mounting Platform ABS platform with indexing tabs to ensure correct placement of cushion on seat (not compatible with bevel cut or drop seat modifications)	RCC2-CMP	$ 450.00

4. Cushion Width (Actual cushion width will be ½" less than specified.)

Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number	Mfr. Sugg. Retail Price*
Standard ☐ 10" ☐ 11" ☐ 12" ☐ 13" ☐ 14" ☐ 15" ☐ 16" ☐ 17" ☐ 18" ☐ 19" ☐ 20"	RCC2-____ (width)	No charge
Extra large width (Selection of Firm Foam RCC2-FF is strongly recommended) ☐ 21" ☐ 22" ☐ 23" ☐ 24" (width)	RCC2-W___	$ 147.00
☐ Tapered width Back width _____" Front width _____"	RCC2-CWTW	$ 147.00

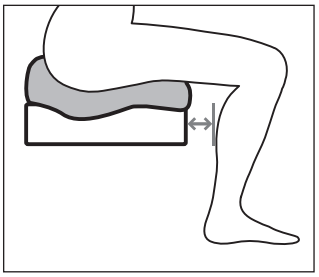
NOTE: Pricing for cushions with widths greater than 24" will be individually determined.

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*
☐ Equal to Shape Capture Base length	RCC2-CLAC	Standard
Symmetrical Length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCC2-CLSL	No charge
☐ Asymmetrical Length		$ 142.00
LEFT ☐ Equal to Shape Capture Base length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCC2-CLALL	
RIGHT ☐ Equal to Shape Capture Base length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" from Shape Capture Base length	RCC2-CLALR	

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



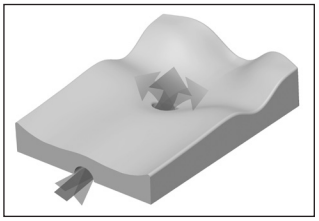
Continue on page 5

* All prices are in U.S. dollars.

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

6. Modifications

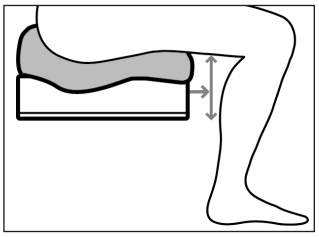
Item	Part Number	Mfr. Sugg. Retail Price*
☐ 1" undercut	RCC2-UC1	$ 79.00
☐ Front rigging notches _____" W x _____" D x _____" H	RCC2-WCFR	$ 91.00
☐ Ventilation channel	RCC2-VC	$ 167.00



Custom ventilation channel helps manage heat and moisture.

7. Sitting Height

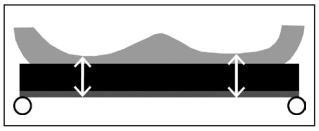
Item	Part Number	Mfr. Sugg. Retail Price*
☐ Targeted final front cushion height (see diagrams at right) Height: L leg _____" R leg _____" NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.	RCC2-SHTH	No charge
☐ As captured	RCC2-SHAC	Standard
☐ Increase overall height _____"	RCC2-SHIH	$ 166.00
☐ As low as possible	RCC2-SHDH	$ 166.00



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*
☐ 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
☐ 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	$ 52.00
☐ 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	No charge



Determine targeted front of cushion height (front view).

Continue on page 6

* All prices are in U.S. dollars.

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

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.		
☐ As captured	RCC2-MTAC	Standard
☐ Eliminate	RCC2-MTE	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-MTI	$ 126.00
☐ Decrease _____"	RCC2-MTD	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCC2-MTM	No charge
Lateral Thigh Support		
LEFT		
☐ As captured	RCC2-LTAC	Standard
☐ Eliminate	RCC2-LTEL	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-LTIL	$ 126.00
☐ Decrease _____"	RCC2-LTDL	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCC2-LTML	No charge
RIGHT		
☐ As captured	RCC2-LTAC	Standard
☐ Eliminate	RCC2-LTER	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-LTIR	$ 126.00
☐ Decrease_____"	RCC2-LTDR	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCC2-LTMR	No charge

10. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
☐ One breathable spacer fabric zip cover included		Standard
☐ Spandex layer over spacer fabric	RCC2-SP	$ 86.00
☐ Two-layer spacer fabric Soft Fit	RCC2-EM2	$ 156.00
☐ Additional breathable spacer fabric zip cover	RCC2-CBZA ____ (width)	$ 226.00
☐ Spandex layer over spacer fabric	RCC2-SP	$ 86.00
☐ Two-layer spacer fabric Soft Fit	RCC2-EM2	$ 156.00
☐ Outer incontinence resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC2-IC	$ 272.00
☐ Inner incontinence resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric outer cover.	RCC2-INICA	$ 272.00

Continue on page 7

* All prices are in U.S. dollars.

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

11. Additional Custom Cushion Accessories/Items

Item	Part Number	Mfr. Sugg. Retail Price*
☐ 1" / 3cm Cushion Orientation Wedge (These wedges are loose. To order a built-in wedge, please see pg 3.)		
☐ For 14" / 36cm cushion widths	RCC2-OW-1414	$ 87.00
☐ For 15" / 38cm and 16" / 41cm cushion width	RCC2-OW-1616	$ 87.00
☐ For 17" / 43cm and 18" / 46cm cushion widths	RCC2-OW-1816	$ 87.00
☐ For 19" / 48cm and 20" / 51cm cushion widths	RCC2-OW-2016	$ 87.00

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

☐ Ride CAM® Wedge Kit**	RCC2-WK	$ 41.00

12. 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 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: _____

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
SUNRISE MEDICAL

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@ridedesigns.com

Continue on page 8

© 2024, Ride Designs. Patent(s) pending. 090-154-S
Patents: www.ridedesigns.com/patents

Ride® Custom Back (RCB200) Order Form

Client First and Last Name _____

Prices effective January 8, 2024.

▶ **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

RIDEWORKS®

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

DID YOU SEND **PHOTOS?**

Trim lines; establish and mark on clear, outer shape capture bag:

☐ Back height ☐ Lateral support depth and height ☐ Iliac crest height

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

Please see ordering instructions on page 9. Please skip to page 5 if orderingwith a scan of a captured shape.

Continue on page 9

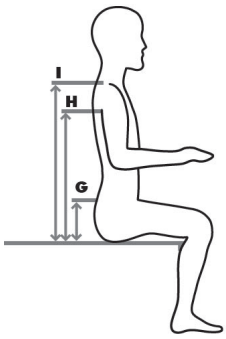
* All prices are in U.S. dollars.

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

Ride® Custom Back Order Form
Client First and Last Name _____

Ordering with no scan - just client measurements and finished product dimensions. (Skip to pg 5 if submitting a scan.)

⚠ **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.

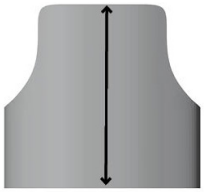


Step 1 - Client Measurements

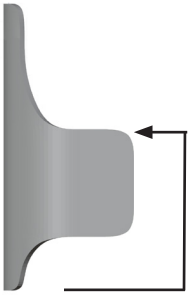
Make sure the following client measurements are provided, either on page 2, or here:

G. Top of Iliac Crest	L_____"	R_____"
H. Axilla Height	L_____"	R_____"
I. Top of Shoulder	L_____"	R_____"

Step 2 - Desired finished back height _____"



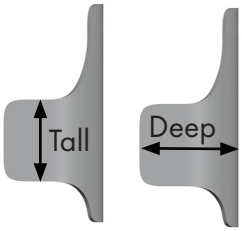
Step 3 - Desired finished lateral height from seat to top of lateral. (For full-height lateral pads, this number should equal "tall" lateral pad measurement in step 4.)



3a. Client's left side top of lateral _____"

3b. Client's right side top of lateral _____"

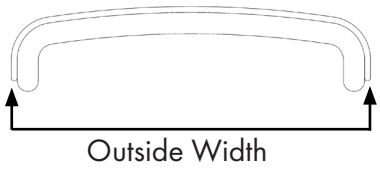
Step 4 - Desired finished lateral pad dimensions (Min. 3" tall.) (Maximum lateral depth, 7". If lateral depth greater than 7" is needed, please capture a shape, scan the shape and submit the scan via the RideWorks app.)



4a. Client left lateral pad _____" tall x _____" deep

4b. Client right lateral pad _____" tall x _____" deep

Step 5 - Desired finished outside back width _____" (Foam liner will result in inside width being approximately 2" narrower than outside width).



Continue on page 10

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

Client First and Last Name _____

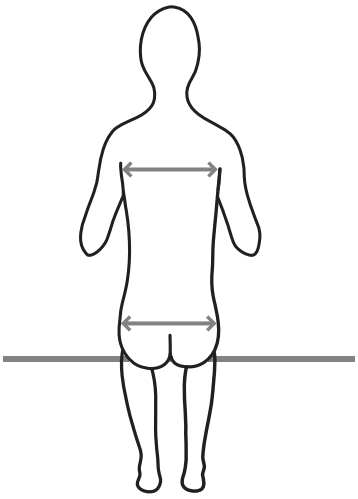
1. Ride Custom Back Type

Item	Part Number	Mfr. Sugg. Retail Price*
☐ **Ride Custom Back** Medicare HCPCS Code E2617 Custom contoured 3D printed seat back shell; choice of 1) ultra-breathable, 3D mesh liner or 2) AccuSoft® foam liner, and removable, washable spacer fabric cover. Note: if AccuSoft foam liner option is selected, Back comes with choice of removable, washable spacer fabric cover or removable, wipeable incontinence-proof cover.	RCB200	$ 2299.00
☐ **Ride Custom Back, for Commode Back** Includes custom contoured 3D printed seat back shell lined with ultra-breathable 3D mesh liner and a removable, washable cover.	RCB200-C	$ 2299.00

2. Ride Custom Back Size

Item	Part Number	Mfr. Sugg. Retail Price*

Provide widest spot on client's body in between axilla and trochanters and provide the measurement: _____"



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.

☐ Widest point <20"	RCB2-200R	$ 0.00
☐ Widest point 21" - 24"	RCB2-200W	$ 365.00

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

Continue on page 11

* All prices are in U.S. dollars.

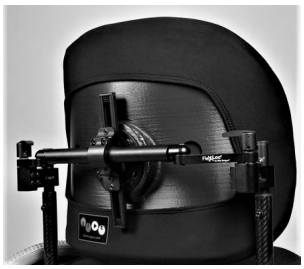
© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

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.



Ride FlexLoc Hardware on RCB200

a. Select Quantity and Size:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil® and Quantum® requires small FlexLoc mounting with the Ride FlexLoc Adapter Plate and direct backrest frame for Permobil, and aftermarket back interface for Quantum.

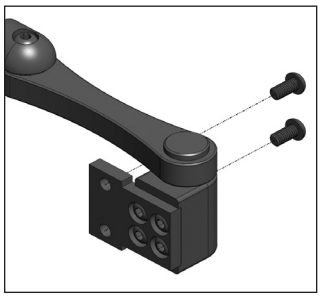
*WARNING! Two (2) sets of FlexLoc hardware are required if the client presents with any of the following:

- 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.

☐ Single Set of Hardware
☐ Double Set of Hardware

		MSRP per set
☐ Small, mounting distance 10 - 14"	RCB2-FL-MS	$ 590.00
☐ Medium, mounting distance 15 - 18"	RCB2-FL-MM	$ 590.00
☐ Large, mounting distance 19 - 21"	RCB2-FL-ML	$ 590.00
☐ X-Large, mounting distance 22 - 24"	RCB2-FL-MX	$ 590.00
☐ Omit hardware	RCB2-200R-0	$ 0.00

b. Select Mounting:



Adapter Plate

☐ Clamp Mount for round back canes	RCB2-FL-MCI	Standard
☐ Additional Mounting Clamps (pair) NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.	RCB2-FL-MC	$ 238.00
☐ Quickie Sedeo Pro Interface Bracket Mounts RCB200 to Quickie Sedeo Pro Power Seating System	RCB2-QSIB	$ 205.00

- Not compatible with Quickie Sedeo Pro Advanced.
- Not compatible with tilt-only Sedeo Pro Seating System. *Call for mounting options for tilt-only.*
- Available as a single-mount option. *Call for options if double hardware is needed on a Sedeo Pro Seating System.*
- Order small FlexLoc hardware for use with this option.
- This option replaces cane clamps.

☐ 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. Order small FlexLoc hardware for use with this option.	RCB2-FL-MCI-P1	No Charge

Quick Release Option

c. Select Attachment:

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

Continue on page 12

* All prices are in U.S. dollars.

© 2024, Ride Designs. 090-154-R
Patents: www.ridedesigns.com/patents

4. Foam Options

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

Ultra-breathable foam liner

5. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Soft Fit (for use with ultra-breathable 3D mesh liner option 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	$ 403.00
☐ 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.		
☐ Left	RCB2-ASP-L	$ 207.00
☐ Right	RCB2-ASP-R	$ 207.00
Extended depth lateral thoracic support		
☐ Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L	$ 344.00
☐ 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-R	$ 344.00
Extended height lateral thoracic support		
☐ Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L	$ 226.00
☐ Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R	$ 226.00
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	$ 344.00
☐ Reinforced lateral thoracic supports Note: No longer required for laterals over 6" deep. It is not possible to modify the width of lateral supports on the RCB200 by bending or flaring the lateral support reinforcement. Width modifications must be done by heating the back shell.	RCB2-RLTS	$ 450.00
☐ Vertical back reinforcement	RCB2-RBS	$ 332.00

AccuSoft foam liner

PHOTOS??
JUST CHECKING.

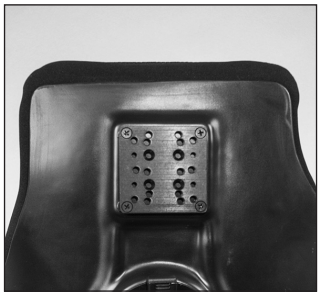
* All prices are in U.S. dollars.

Continue on page 13

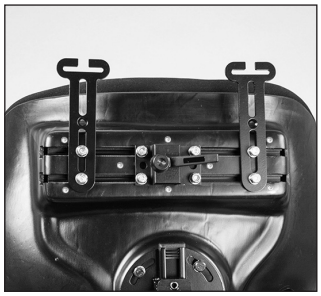
© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

6. Accessories

Item	Part Number	Mfr. Sugg. Retail Price*
☐ 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
☐ 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
☐ Shoulder harness guides, pair, loose	RCB2-SHG	$ 115.00
☐ 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		
☐ Small — fits wheelchair widths less than 14"	RCB2-PFS	$ 155.00
☐ Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	$ 155.00
☐ 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		
☐ Small — height 4" (two straps) Measurement around abdomen _____"	RCB2-AP-4	$ 408.00
☐ Medium — height 6" (three straps) Measurement around abdomen _____"	RCB2-AP-6	$ 408.00
☐ 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.

Abdominal Support Panel.

7. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable cover	RCB2-SFCA	$ 384.00
☐ Additional wipeable, incontinence-proof cover	RCB2-ICA	$ 384.00

8. 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	$ 512.00

Total: _____

* All prices are in U.S. dollars.

Continue on page 14

© 2024, Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents

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.ridede-signs.com.

PHOTOS??
THEY MUST BE
HERE SOMEWHERE.

Ride Designs®
a branch of Aspen Seating, LLC
SUNRISE MEDICAL

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@ridedesigns.com

© 2024 Ride Designs. 090-154-S
Patents: www.ridedesigns.com/patents