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

Ride® Custom Order Form for Level 1 Certified Practitioners

Ride® Custom AccuSoft® Cushion and Ride Custom Back with AccuSoft Foam Liner

Bundled Package Order Form

Client's First and Last Name* _____

Attach appropriate order form for each component ordered.

☐ Ride Custom AccuSoft™ Cushion (RCAC-S/RCAC-XS)
Shape provided via:
- ☐ RideWorks Scan
- ☐ Evaluator Cushion

☐ Ride Custom Back (RCB200) with AccuSoft Foam Liner
Shape provided via:
- ☐ RideWorks® Scan
- ☐ Client measurements and finished product dimensions

Note: Only available with AccuSoft foam liner. Completion of page 17 is required.

Account # _____

PO # _____

Date _____ SO# _____

SN# _____

Date of shape capture: _____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier _____

Ride Certified Practioner 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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Ride® Custom AccuSoft® Cushion and Custom Back with AccuSoft Foam Liner Bundled Order Form

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.

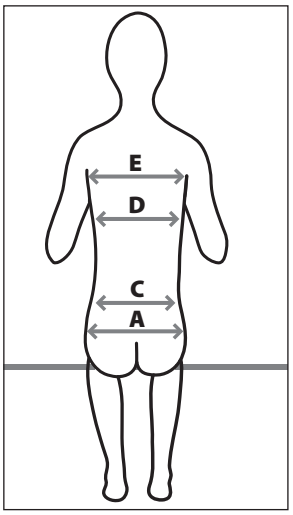
Sex: ☐ M ☐ F Diagnosis _____

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_____"

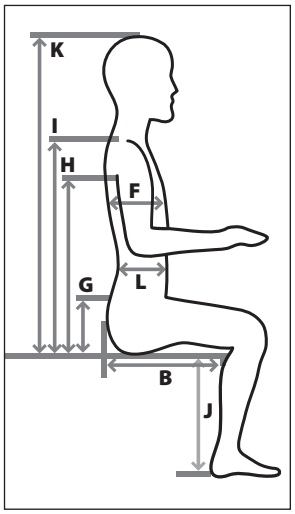
H. Axilla height L_____" R_____"

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 _____"

Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com

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

Ride® Custom AccuSoft™ Cushion

Bundled Package Order Form

Client First and Last Name _____

Prices effective January 13, 2025

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Ride Custom AccuSoft Cushion Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:†	RCAC-S-B01	$3224.00
☐ Outer breathable spacer fabric zip cover	RCAC-CBZ	
☐ Outer wipeable incontinence-resistant cover	RCAC-IC	
☐ Ride Custom AccuSoft Cushion Extra Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:†	RCAC-XS-B01	$3224.00
☐ Outer breathable spacer fabric zip cover	RCAC-CBZ	
☐ Outer wipeable incontinence-resistant cover	RCAC-IC	

NOTE: Every cushion comes standard with an inner moisture-resistant cover.

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 — RCAC-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 _____"
(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 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.)

☐ Java® Cushion used to determine shape and dimensions (see instructions on page 5)

Resting Posture of Pelvis in Ride Shape Capture

☐ Neutral ☐ Posterior ☐ Anterior

Continue on page 4

* All prices are in U.S. dollars.
† Select one or both.

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How to use a Java® Cushion to evaluate Custom AccuSoft Cushion specifications

Step 1

Sit client on an appropriately-sized Java Cushion.

Size used: Width _____" Length _____"

Step 2

Determine targeted cushion width in 1" increments.

☐ Record targeted width in section 3 of the cushion order form.

Step 3

Determine targeted cushion length relative to the front of the Java Evaluator Cushion.

Measure from the front of the Java Cushion to establish cushion length.

☐ Record targeted cushion length is section 4 of the cushion order form.

Step 4

Determine if additional lateral pelvic control is needed, adding Ride CAM Wedges to achieve this. Indicate where, and how many, Wedges were used.

The Ride Custom AccuSoft Cushion will be carved to match the contour created by Ride CAM Wedge placement.

☐ No Wedges used

Wedges used on left side

☐ 0 ☐ 1 ☐ 2

Wedges used on right side

☐ 0 ☐ 1 ☐ 2

Step 5

Determine targeted sitting height and record in section 5 of the cushion order form.

Note: the height of the Java Cushion base and foam topper is as low as the Custom AccuSoft Cushion can be made.

Step 6

Determine whether wedges are needed under the Java Cushion during evaluation to achieve the desired position for correction or accommodation of pelvic/femoral asymmetries.

Record the usage of wedges here and record the targeted height in all four corners. Lateral height can be increased up to 2" from the top of the Java Evaluator Cushion.

Note: If more than 2" of additional lateral height is needed, please utilize Ride shape capture tools to capture and scan the shape.

Wedges used:

☐ Front ☐ Back ☐ Left Side ☐ Right Side

Cushion height at corners:

Front Right _____" Front Left _____" Rear Right _____" Rear Left _____"

Step 7

Determine if additional medial and/or lateral thigh support is necessary in section 7 of the cushion order form.

Lateral height can be increased by up to 2" from the top of the Java Cushion, in 1" increments.

Note: If more than 2" of additional lateral height is needed, please utilize Ride shape capture tools to capture and scan the shape.

Step 8

Complete the remainder of the order form and email, along with photos of the client on the Java Evaluator Cushion, to: customerservice@ridedesigns.com.

Proceed to Page 5 if a scanned shape is being submitted.

Continue on page 5

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Client First and Last Name _____

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 or evaluation on Java Cushion.
- ☐ Photograph of captured shape or of Java Cushion once evaluation is complete.

The Ride Custom AccuSoft Bundled Package includes all of the following options

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.

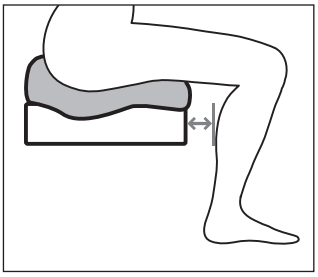
Item	Part Number
Standard ☐10" ☐11" ☐12" ☐13" ☐14" ☐15" ☐16" ☐17" ☐18" ☐19" ☐20"	RCAC-___ (width)
Extra large width ☐21" ☐22" ☐23" ☐24"	RCAC-W___ (width)
☐Tapered width Back width _____" Front width _____"	RCAC-CWTW

NOTE: Virtually any size cushion can be built. Call for a quote.

Cushion Length

(IMPORTANT: Specify cushion length relative to front of Shape Capture Base or Java Evaluator Cushion as shown.)

Measure from front of Shape Capture Base or Java Evaluator Cushion to establish cushion length.
Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.



Item	Part Number
☐Equal to Shape Capture Base length	RCAC-CLAC
Symmetrical Length ☐Add _____" to Shape Capture Base length ☐Subtract _____" to Shape Capture Base length	RCAC-CLSL
Asymmetrical Length LEFT ☐Equal to Shape Capture Base length ☐Add _____" to Shape Capture Base length ☐Subtract _____" to Shape Capture Base length	RCAC-CLALL
RIGHT ☐Equal to Shape Capture Base length ☐Add _____" to Shape Capture Base length ☐Subtract _____" from Shape Capture Base length	RCAC-CLALR
Missed this step? Indicate desired length of cushion on each side L _____" R _____"	
☐Undercut Front Edge 1"	RCAC-UC1
☐Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR

Continue on page 6

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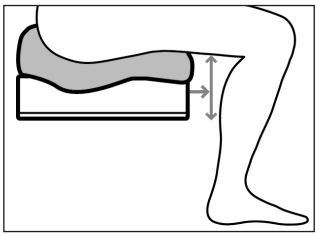
Sitting Height

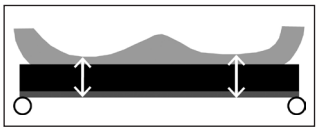
Item	Part Number
☐ Targeted final front cushion height (see diagrams at right) Height: L leg _____" R leg _____" NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.	RCAC-SHTH
☐ As captured	RCAC-SHAC
☐ Increase overall height _____"	RCAC-SHIH
☐ As low as possible NOTE: Cushion height will be lowered to achieve minimum foam thickness in I.T. well. This may not result in a lower final front cushion height.	RCAC-SHDH



For targeted cushion height: at the projected cushion length, measure from the bottom of the shape capture base or Java Evaluator Cushion up to the underside of the leg with the feet properly positioned on the footplate(s).

Cushion Contour

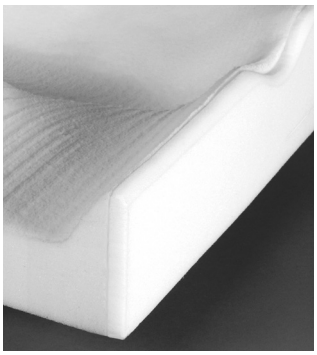
Item	Part Number
NOTE: The Custom AccuSoft Cushion is not a fully off-loading cushion. For highest level of skin protection, we recommend the Ride Custom 2 Cushion.	
☐ Ride contour Cushion is manufactured with Ride's patented mechanism of support which reduces forces at high risk areas and provides slightly greater forces at low risk areas. NOTE: Ride contour is not available with Extra Soft Foam option.	RCAC-RC
☐ 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	RCAC-WI
☐ Full contact Cushion manufactured as captured	RCAC-FC



Determine targeted front of cushion height (front view).

Thigh/Femoral Support

Item	Part Number
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.	
☐ As captured	RCAC-MTAC
☐ Eliminate	RCAC-MTE
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-MTI
☐ Decrease _____"	RCAC-MTD
☐ Decrease as marked with line on Shape Capture Bag	RCAC-MTM
Lateral Thigh Support	
LEFT	
☐ As captured	RCAC-LTAC
☐ Eliminate	RCAC-LTEL
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIL
☐ Decrease _____"	RCAC-LTDL
☐ Decrease as marked with line on Shape Capture Bag	RCAC-LTML
RIGHT	
☐ As captured	RCAC-LTAC
☐ Eliminate	RCAC-LTER
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR
☐ Decrease_____"	RCAC-LTDR
☐ Decrease as marked with line on Shape Capture Bag	RCAC-LTMR
☐ Lateral Thigh Support Reinforcement Boosts structural integrity while using forgiving materials that help reduce the risk of injury to skin and soft tissue. (Includes right and left sides.)	RCAC-RL



The Lateral Thigh Support Reinforcement option removes ½" of cushion foam from each lateral thigh support. Reinforcement material replaces the foam that was removed, without increasing the overall width of the cushion.

Continue on page 7

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Cover Modifications

Item	Part Number
☐ For the outer breathable spacer fabric zip cover installed on cushion (if selected)	
☐ Spandex layer over spacer fabric	RCAC-SP
☐ Two-layer spacer fabric Soft Fit	RCAC-EM2

Custom AccuSoft Accessories

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

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**	RCAC-WK

Cushion/Wheelchair Interface Modifications

Item	Part Number
☐ Bevel-Cut Modification for sling seat	RCAC-BC

Continue on page 8

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

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Additional Options
Price not included in bundled package

Additional Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Drop Seat Modification, 1" drop	RCAC-WC003	$ 156.00
☐ Custom Mounting Platform **(not compatible with bevel cut modification or drop seat modification)** ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCAC-CMP	$ 495.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable spacer fabric fabric zip cover	RCAC-CBZA ___ (width)	$ 249.00
☐ Spandex layer over spacer fabric	RCAC-SP	$ 95.00**
☐ Two-layer spacer fabric Soft Fit	RCAC-EM2	$ 172.00**
☐ Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	$ 299.00
☐ Additional inner incontinent-resistant cover	RCAC-INICA	$ 299.00

Growth

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Growth Kit Provides for one growth adjustment, including one new inner cover, and one new outer 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.)	RCAC-DGK	$ 307.00

We offer a generous 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.

Total: _____

* All prices are in U.S. dollars.
** If these modifications were not selected with the included cushion cover, they will be provided at no charge with the additional cushion cover.

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Special Instructions or Comments

NOTE: May affect price; call to request quote.

_____

_____

_____

_____

_____

_____

_____

_____

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

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

Ride® Custom Back with AccuSoft® Foam Liner
Bundled Package Order Form

Client First and Last Name _____

Prices effective January 13, 2025.

▶ 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

DID YOU SEND **PHOTOS?**

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

☐ Back height ☐ Lateral support depth and height

▶ Important! If you're ordering a Ride Custom Back without a scan, please complete page 17. Do not complete page 17 if a scan is being submitted.

Continue on page 11

* All prices are in U.S. dollars.

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Ride® Custom Back with AccuSoft® Foam Liner Bundled Package Order Form
Client First and Last Name _____.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ **Ride Custom Back - Bundled** Medicare HCPCS Code E2617 Custom contoured seat back shell; AccuSoft® foam liner; and removable, washable spacer fabric cover. Note: Back comes with choice of spacer fabric cover or removable, wipeable, and incontinence-proof cover.	RCB200 Bundled	$ 4232.00

The Level 1 RCB200 Bundled Package includes all of the following options

Ride Custom Back Width

Item	Part Number
☐ Trunk width is ≤ 20"	RCB2-200R
☐ Trunk width is 21" - 24"	RCB2-200W

Pricing for widths greater than 24" 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.

Continue on page 12

* 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-O

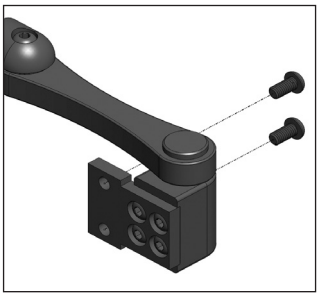
b. Select Mounting for first set of hardware:

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

☐ Check here if a Sedeo Interface Bracket was ordered from Sunrise Medical with a Quickie power wheelchair.
Order small FlexLoc hardware with quick release attachment, and no clamp mount from Ride.

☐ Quickie Sedeo Pro Interface Bracket — RCB2-QSIB
Mounts RCB200 to Quickie Sedeo Pro Power Seating System.

☐ Quickie Sedeo Pro Advanced Interface Bracket — RCB2-QSAIB
Mounts RCB200 to Quickie Sedeo Pro Advanced Power Seating System



Adapter Plate

- RCB2-QSIB and RCB2-QSAIB are not campatible with tilt-only Sedeo Pro Seating System. Mounting options for Sedeo seating without recline are available through Sunrise Medical Built-4-Me.
- RCB2-QSIB and RCB2-QSAIB are available as a single-mount option. Call for options if double hardware is needed on a Sedeo Pro seating system.
- Order small FlexLoc hardware and Quick Release attachment for use with RCB2-QSIB and RCB2-QSAIB.
- RCB2-QSIB and RCB2-QSAIB replace cane clamps.

Quick Release Option

☐ FlexLoc Adapter Plate — RCB2-FL-MCI-P1
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.

c. Select Attachment for first set of hardware:

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

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
☐ 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

AccuSoft foam liner

Supplementary Padding, Reliefs, Dimensions

Item	Part Number
Extended depth lateral thoracic support	
☐ Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L
☐ Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-R
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	
☐ Enhanced relief Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes.	RCB2-ERFP
— Draw desired location(s) and shape of relief on clear, outer shape capture bag, or on cast if not using RideWorks.	
Extended height lateral thoracic support	
☐ Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L
☐ Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R
Extended back height	
☐ Extend back height _____" above reference line.	RCB2-EBH
— Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	

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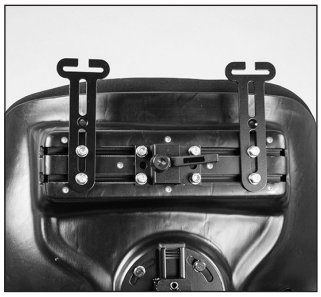
Accessories

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 Note: May be mounted to FlexLoc vertical track if back height is not sufficient for an integrated mount.	RCB2-AM
☐ Headrest Mount Extension Allows for clearance between the headrest post and the FlexLoc hardware	RCB2- HME
☐ Shoulder harness guides, pair, loose	RCB2-SHG
☐ Shoulder harness guides, pair, installed	RCB2-SHGI

Universal Headrest Mounting Plate.



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

PHOTOS??
JUST CHECKING.

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 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.		
☐ Second Set of FlexLoc Hardware		
☐ Small, mounting distance 10 - 14"	RCB2-FL-MS	$ 649.00
☐ Medium, mounting distance 15 - 18"	RCB2-FL-MM	$ 649.00
☐ Large, mounting distance 19 - 21"	RCB2-FL-ML	$ 649.00
☐ X-Large, mounting distance 22 - 24"	RCB2-FL-MX	$ 649.00
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	$ 262.00
☐ 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	$ 262.00
c. Select Attachment type for second set of hardware:		
☐ Fixed, non-removable	RCB2-FL-FMI	$ 0.00
☐ Quick Release Option	RCB2-FL-QR	$ 107.00

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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	$ 228.00
☐ Right	RCB2-ASP-R	$ 228.00
☐ Vertical back reinforcement	RCB2-RBS	$ 365.00
☐ Reinforced lateral thoracic supports Note: No longer required for lateral over 6" Deep. It is not possible to adjust lateral width on the RCB200 by bending the lateral reinforcement. Modifications to lateral support width must be made by heating the RCB200 shell.	RCB2-RLTS	$ 495.00

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	$ 171.00
☐ Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	$ 171.00
☐ Large — fits wheelchair widths 18" and larger	RCB2-PFL	$ 171.00
Abdominal support panel Recommended for clients with anterior pelvic tendencies.		
Size		
☐ Small — height 4" (two straps)	RCB2-AP-4	$ 449.00
☐ Medium — height 6" (three straps)	RCB2-AP-6	$ 449.00
☐ Large — height 8" (three straps)	RCB2-AP-8	$ 449.00

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

Abdominal Support Panel.

* All prices are in U.S. dollars.

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Additional Covers

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable cover	RCB2-SFCA	$ 422.00
☐ Additional wipeable, incontinence-proof cover	RCB2-ICA	$ 422.00

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	$ 563.00

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

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customerservice@ridedesigns.com

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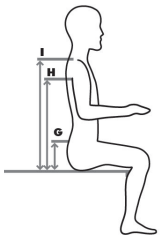
Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Please do not complete this page if a scan is being submitted. Skip to page 18 if ordering with a scan. Complete this page only if ordering with no 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



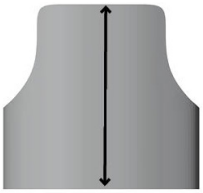
Enter the following client measurements, either on page 2 or here:

G. Top of Iliac Crest L_____" R_____"

H. Axilla Height L_____" R_____"

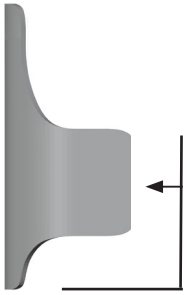
I. Top of Shoulder L_____" R_____"

Step 2 - Desired finished back height _____"



Step 3 - Desired finished lateral height from bottom of back to top of lateral.

- For full-height lateral pads, this number should equal "tall" lateral pad measurement in step 4.
- To omit Ride laterals and order Jay Swingaway Laterals, please complete the fields in step 3 with "N/A" and check the appropriate boxes in step 4.



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

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

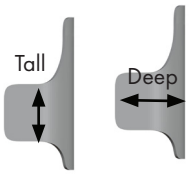
Step 4 - Desired finished lateral pad dimensions Minimum lateral height, 3". Maximum lateral depth, 7". If lateral depth greater than 7" is needed, please capture a shape, scan the shape and submit the scan via the RideWorks app.

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

☐ OMIT Ride left lateral support and install Jay Swingaway Lateral, Left with 6x6 pad

Not available for backs less than 14" wide.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Jay Swingaway Lateral Support - 6x6 pad - left	RCB2-JSALL66	$485.00



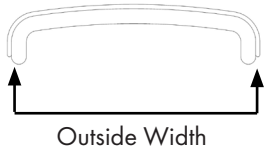
4b. Client right lateral pad _____" tall x _____" deep

☐ OMIT Ride right lateral support and install Jay Swingaway Lateral, Right with 6 x 6 pad

Not available for backs less than 14" wide.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Jay Swingaway Lateral Support - 6 x 6 pad - right	RCB2-JSALR66	$485.00

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



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

Special Instructions or Comments

NOTE: May affect price; call to request quote.

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We offer a generous 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.

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