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

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. Completion of page 8 is required.

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 _____

Continue on page 2

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Ride® Custom Back 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.

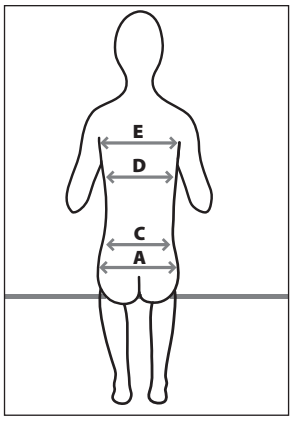
Sex: ☐ M ☐ F Diagnosis _____

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_____"

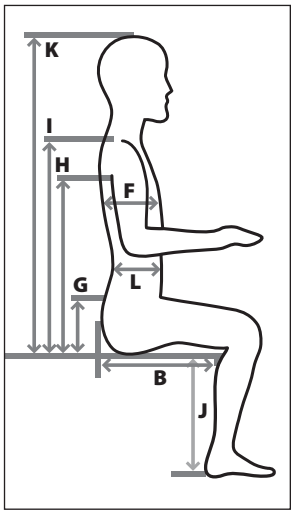
H. Axilla height L_____" R_____"

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 _____"

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Ride® Custom Back 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, (this option is only available with AccuSoft Foam Liner) please complete page 8. Do not complete page 8 if a scan is being submitted.**

Continue on page 4

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Ride® Custom Back Order Form
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 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	$ 2529.00
☐ 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	$ 2529.00

2. Ride Custom Back Size

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Trunk width ≤ 20"	RCB2-200R	$ 0.00
☐ Widest spot is 21" - 24"	RCB2-200W	$ 402.00

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.

Continue on page 5

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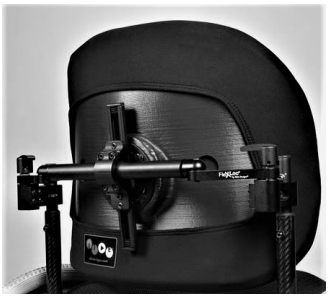
3. Ride Custom Back Hardware and Mounting

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 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 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.

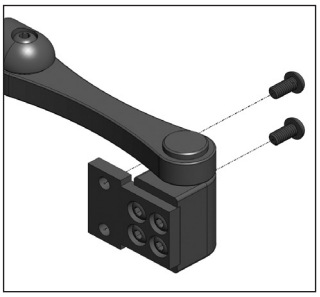
☐ Single Set of Hardware

☐ Double Set of Hardware

		MSRP per set
☐ 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
☐ Omit hardware	RCB2-200R-0	$ 0.00

b. Select Mounting:

☐ 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	$ 262.00


Adapter Plate

☐ 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 Mounts RCB200 to Quickie Sedeo Pro Power Seating System.	RCB2-QSIB	$ 226.00
☐ Quickie Sedeo Pro Advanced Interface Bracket Mounts RCB200 to Quickie Sedeo Pro Advanced Power Seating System	RCB2-QSAIB	$ 226.00

Quick Release Option

- 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.

☐ 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	RCB2-FL-FMI	Standard
☐ Quick Release Option	RCB2-FL-QR	$ 107.00

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 6

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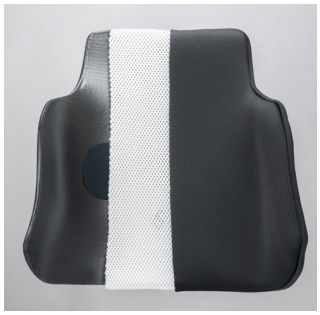
4. Foam Options

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	$ 188.00
For AccuSoft 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

AccuSoft foam liner

5. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Soft Fit (for use with ultra-breathable 3D mesh liner only) Half-inch thick, breathable, reticulated foam liner for a softer feel.	RCB2-SF	$ 443.00
☐ Complete back (including laterals) Increases each lateral support thickness by ½" and may result in compromise of postural correction.		
☐ Center only (excludes laterals)		
☐ 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	$ 389.00
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
Extended depth lateral thoracic support		
☐ Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L	$ 378.00
☐ 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	$ 378.00
Extended height lateral thoracic support		
☐ Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L	$ 249.00
☐ Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R	$ 249.00
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	$ 378.00
☐ Reinforced lateral thoracic supports Note: No longer automatically 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.	RCB2-RLTS	$ 495.00
☐ Vertical back reinforcement	RCB2-RBS	$ 365.00

PHOTOS??
JUST CHECKING.

Continue on page 7

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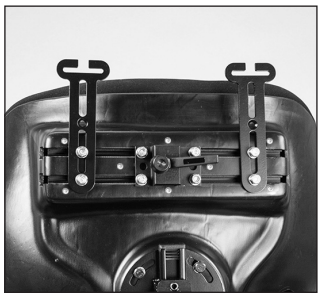
5. Accessories

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.	RCB2-UHMP	$ 210.00
☐ Integrated headrest/accessories mount Note: May be mounted to FlexLoc vertical track if back height is not sufficient for an integrated mount.	RCB2-AM	$ 312.00
☐ Headrest Mount Extension Allows for clearance between the headrest post and the FlexLoc hardware	RCB2- HME	$ 76.00
☐ Shoulder harness guides, pair, loose	RCB2-SHG	$ 127.00
☐ Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-SHGI	$ 216.00
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

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*
☐ Additional breathable cover	RCB2-SFCA	$ 422.00
☐ Additional wipeable, incontinence-proof cover	RCB2-ICA	$ 422.00

7. 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

Abdominal Support Panel.

Continue on page 8

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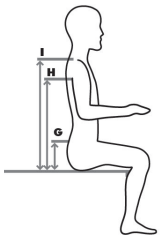
Ride® Custom Back Order Form
Client First and Last Name _____

Please do not complete this page if a scan is being submitted. Skip to page 9 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



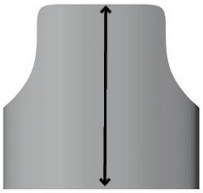
Enter the following client measurements, either on page 2 or here:

G. Top of Iliac Crest L_____" R_____"

H. Axilla Height L_____" R_____"

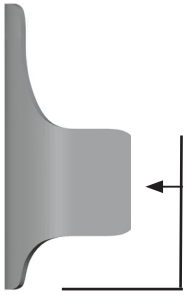
I. Top of Shoulder L_____" R_____"

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 compete the fields in step 3 with "N/A" and check the appropriate boxes in step 4.



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

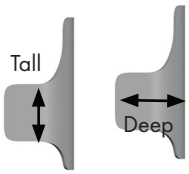
3b. Client's right side top of lateral _____"

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

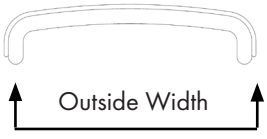


4b. Client right lateral pad _____" tall x _____" deep

☐ 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).



Continue on page 9

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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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