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

☐ Client Measurements and Finished Product Dimensions

NOTE: Only available with AccuSoft foam liner. Completion of page 9 is required.

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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Ride® Custom Back Bundled Package 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.

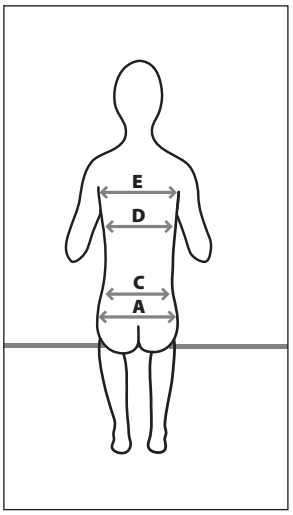
Sex: ☐ M ☐ F Diagnosis _____

Does client have:

☐ Current tissue injury? Location_____ Stage_____

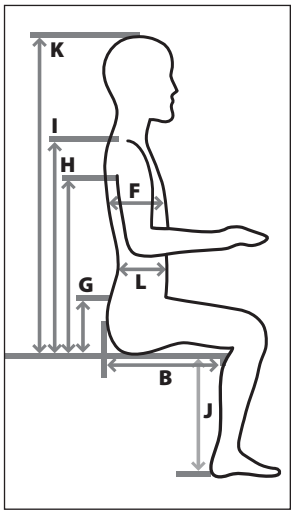
☐ History of tissue injury? Location _____ Stage _____

Height _____ Weight _____



Client Measurements

A. Trochanters	_____"	G. Top of Iliac Crest	L_____" R_____"
B. Leg length	L _____" R _____"	H. Axilla height	L_____" R_____"
C. Iliac Crest	_____"	I. Top of shoulder	L_____" R_____"
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®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

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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 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 10. Do not complete page 10 if a scan is being submitted.**

Continue on page 4

* All prices are in U.S. dollars.

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Ride® Custom Back 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; choice of 1) ultra-breathable, 3D mesh liner or 2) AccuSoft® foam liner; and removable, washable spacer fabric cover. Note: if AccuSoft foam liner is selected, Back comes with choice of spacer fabric cover or removable, wipeable, and incontinence-proof cover.	RCB200 Bundled	$ 4232.00

The 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 5

* 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

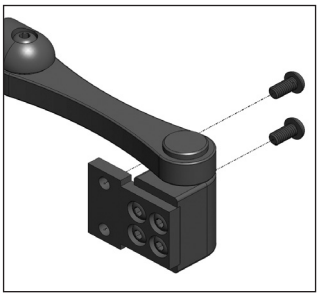
b. Select Mounting for first set of hardware:

☐ 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.

Continue on page 6

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Foam Options

Item	Part Number
☐ Ultra-breathable, 3D mesh liner (Available with scanned shape only)	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.	RCB2-SF
☐ Complete back (including laterals) Increases each lateral support thickness by ½" and may result in compromise of postural correction.	
☐ Center only (excludes laterals)	
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.	

Continue on page 7

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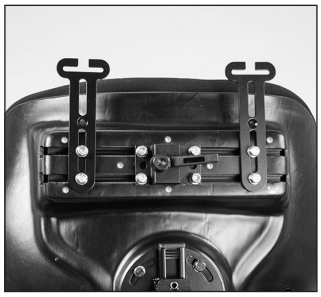
Accessories

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

Continue on page 8

* 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

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com
customerservice@ridedesigns.com

Continue on page 10

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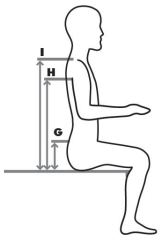
Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Please do not complete this page if a scan is being submitted. Skip to page 11 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



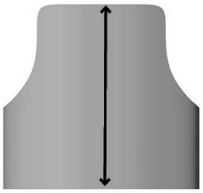
Enter the following client measurements, either on page 2 or here:

G. Top of Iliac Crest L_____" R_____"

H. Axilla Height L_____" R_____"

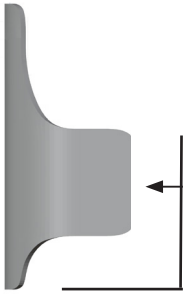
I. Top of Shoulder L_____" R_____"

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 4 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 _____"

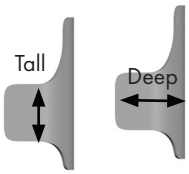
Step 4 - Desired finished lateral pad dimensions Minimum lateral height, 3". Maximum lateral depth, 7". If lateral depth greater than 7" is needed, please capture a shape, scan the shape and submit the scan via the RideWorks app.

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).

Outside Width

Continue on page 11

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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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