Ride Designs®
a branch of Aspen Seating, LLC

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

CANADA ONLY

Ride® Custom AccuSoft Cushion and Custom Back Made from Measurements Order Form
Ride Designs Certification Not Required

Download this form and open in Adobe for optimum functionality. Email completed form to customerservice@ridedesigns.com

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 and a Ride Custom AccuSoft Cushion or Ride Custom 2 Cushion made from a captured shape that is scanned and submitted to Ride

Client's First and Last Name _____

Please be sure client's name is consistent on all correspondence: order forms, purchase order, etc.

☐ Ride Custom AccuSoft® Cushion (RCAC-S/RCAC-XS)

☐ Ride Custom Back with AccuSoft Foam Liner (RCB200)

Account # _____
PO # _____
Date _____ SO# _____
SN# _____

General Information

Supplier _____

Supplier Contact Name _____

Address _____

City _____ Province_____ Postal Code _____

Phone # _____ Email _____

Ship to (if different from above)

NOTE: Ride Custom Systems must be delivered by the supplier and cannot be drop shipped to end users.

Address _____

City _____ Province _____ Postal Code_____

Phone # _____ Email _____

Referral Source

Facility Name _____

Clinician Name _____

Phone # _____ Email _____

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Ride Custom AccuSoft® Cushion and Custom Back Made from Measurements Order Form - Canada

Client First and Last Name _____

Client Information

*Internal management of personal information is HIPAA compliant.

Sex: ☐ M ☐ F Diagnosis _____

Height _____ Weight _____

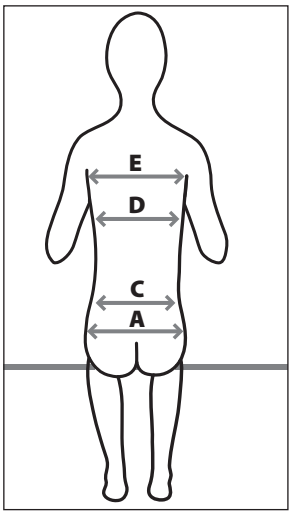
Does client have:

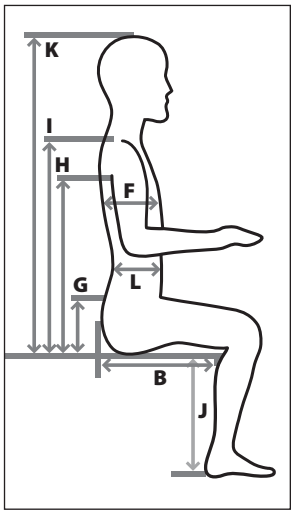
☐ Current tissue injury? Location _____ Stage _____

☐ History of tissue injury? Location _____ Stage_____

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 _____"

Continue on page 3

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CANADA ONLY

Ride® Custom AccuSoft® Cushion Made from Measurements Order Form

Client First and Last Name _____

Prices effective January 13, 2025

1. Foam and Cover

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Ride Custom AccuSoft Cushion - Soft Medicare HCPCS Code E2609 Select one outer cover:†	RCAC-S	$2175.00
☐ Outer breathable spacer fabric zip cover	RCAC-CBZ	
OR		
☐ Outer wipeable incontinence-resistant cover	RCAC-IC	
☐ Ride Custom AccuSoft Cushion - Extra Soft Medicare HCPCS Code E2609 Select one outer cover: †	RCAC-XS	$2175.00
☐ Outer breathable spacer fabric zip cover	RCAC-CBZ	
OR		
☐ Outer wipeable incontinence-resistant cover	RCAC-IC	

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

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

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Bevel-Cut Modification for sling seat	RCAC-BC	$ 156.00
☐ Drop Seat Modification, 1" drop	RCAC-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 modification)**	RCAC-CMP	$ 450.00

3. Cushion Width (Actual cushion width will be 1/4" 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"	RCAC-___ (width)	No charge
Extra large width ☐21" ☐22" ☐23" ☐24"	RCAC-W___ (width)	$ 147.00
☐Tapered width Back width _____" Front width _____"	RCAC-CWTW	$ 147.00

3.

Determine desired cushion width (front view).

Continue on page 4

* All prices are in U.S. dollars. Prices applicable to Canadian customers only.

† Additional covers available in Section 8.

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Ride® Custom AccuSoft® Cushion and Custom Back Made from Measurements Order Form - Canada

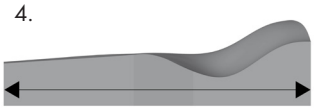
Client First and Last Name _____

4. Cushion Length

Notes: Cushion length is measured along the side of the cushion. Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Symmetrical Length _____"	RCAC-CLSL	No charge
☐ Asymmetrical Length LEFT _____" RIGHT _____"	RCAC-CLALL	$ 142.00

4.



Determine desired cushion length (side view)

5. Front of cushion height at lowest point of leg troughs

If no selection is made, leg height will be 3". There will be approximately 1 3/8" - 1 7/8" of foam in the pelvic well.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Increase overall height _____"	RCAC-SHIH	$ 166.00
☐ As low as possible***	RCAC-SHDH	$ 166.00

***This will result in a leg height of 2.5" and 1" in the pelvic well if Ride Contour is chosen, and a leg height of 2" and 1" in the pelvic well if Full Contact is chosen.

5.

Determine targeted front of cushion height (front view).

6. Cushion Contour

****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.**

Item	Part Number	Mfr. Sugg. Retail Price*
☐ 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	No charge
☐ 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	$ 52.00
☐ Full contact**	RCAC-FC	No charge

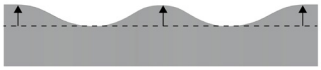
****NOTE: The Custom AccuSoft Cushion is not a fully off-loading cushion. For highest level of skin protection, we recommend the Ride Custom 2 Cushion.**

7. Thigh/Femoral Support

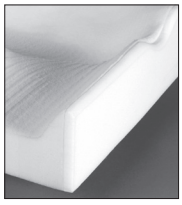
If no selection is made, medial and lateral thigh supports will be eliminated.

Item	Part Number	Mfr. Sugg. Retail Price*
Medial Thigh Support		
☐ Eliminate	RCAC-MTE	No charge
☐ Increase _____ " (maximum 3"total height from bottom of leg trough)	RCAC-MTI	$ 126.00
Lateral Thigh Support		
LEFT		
☐ Eliminate	RCAC-LTEL	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIL	$ 126.00
RIGHT		
☐ Eliminate	RCAC-LTER	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR	$ 126.00
☐ 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	$ 222.00

7.



Determine desired medial and lateral thigh support height (front view).



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.

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8. Modifications

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Undercut front edge 1"	RCAC-UC1	$ 79.00
☐ Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR	$ 91.00
☐ Pelvic Obliquity Build-Up Right	RCAC-OBUR	$ 183.00
☐ Pelvic Obliquity Build-Up Left	RCAC-OBUL	$ 183.00

The carved cushion shape will simulate the insertion of 1 CAM wedge in the cantle on the specified side.

9. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
☐ For the outer breathable spacer fabric zip cover included with cushion (if selected)		
☐ Spandex layer over spacer fabric	RCAC-SP	$ 86.00
☐ Two-layer spacer fabric Soft Fit	RCAC-EM2	$ 156.00
☐ Additional breathable spacer fabric zip cover	RCAC-CBZA ___ (width)	$ 226.00
☐ Spandex layer over spacer fabric	RCAC-SP	$ 86.00
☐ Two-layer spacer fabric Soft Fit	RCAC-EM2	$ 156.00
☐ Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	$ 272.00
☐ Additional inner incontinent-resistant cover	RCAC-INICA	$ 272.00

10. Additional Custom AccuSoft Accessories/Items

Item	Part Number	Mfr. Sugg. Retail Price*	Qty
☐ 1" / 3cm Cushion Orientation Wedge			
☐ For 14" / 36cm cushion widths	RCAC-OW-1414	$ 87.00	
☐ For 15" / 38cm and 16" / 41cm cushion width	RCAC-OW-1616	$ 87.00	
☐ For 17" / 43cm and 18" / 46cm cushion widths	RCAC-OW-1816	$ 87.00	
☐ For 19" / 48cm and 20" / 51cm cushion widths	RCAC-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**	RCAC-WK	$ 41.00	

11. Growth

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Growth Kit Provides for one growth adjustment, including one new inner 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	$ 279.00

Total: _____

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.

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* All prices are in U.S. dollars. Prices applicable to Canadian customers only.
** One size fits all. Trim in field for correct fit.

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Special Instructions or Comments

NOTE: May affect price; call to request quote.

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Continue on page 7

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CANADA ONLY

Ride® Custom Back Made from Measurements Order Form

Client First and Last Name _____

Prices effective January 13, 2025.

1. Ride Custom Back - No Scan

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Ride Custom Back	RCB200	$ 2229.00
Medicare HCPCS Code E2617. Custom 3D printed back shell. AccuSoft® foam liner, choice of removable, washable spacer fabric cover		
☐ AccuSoft® foam liner (automatically selected) Increases each lateral support thickness by 1/2".	RCB2-FS	$ 216.00

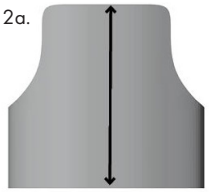
Minimum back height requirements for headrest accessory use

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.

2. Desired finished back dimensions

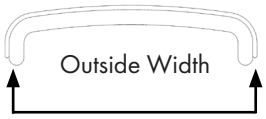
2a. Specify desired finished back height _____"



2b. Specify desired finished outside back width _____" (With foam liner, finished inside width will be approximately 2" narrower than outside width.)

☐ Trunk width ≤ 20"	RCB2-200R	$ 0.00
☐ Trunk width 21" - 24"	RCB2-200W	$ 365.00

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

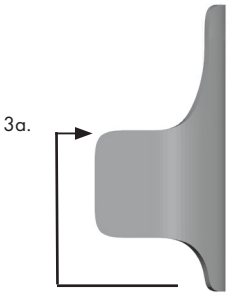


3. Desired finished lateral support dimensions

3a. Specify 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 3b.
To omit Ride laterals and order JAY Swing-away Laterals, please indicate "N/A" in step 3b. and check the appropriate boxes in step 4.

Height at top of lateral support client left side _____"

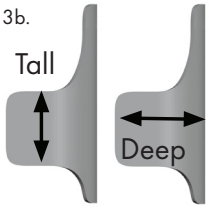
Height at top of lateral support client right side _____"



3b. Specify desired finished **lateral pad** dimensions.
To omit Ride laterals and order JAY Swing-away laterals, please indicate "N/A" in the fields in step 3b. and check the appropriate boxes in step 4. Lateral pads must be a minimum 3" tall. For lateral pads more than 7" deep, lateral thoracic reinforcement must be ordered - RCB2-RLTS $450.00 - page 9. Additionally, lateral pads more than 7" deep may need to be made taller than specified. Consider capturing and scanning a shape if lateral pads deeper than 7" are needed.

Client left lateral pad _____" tall x _____" deep

Client right lateral pad _____" tall x _____" deep



4. JAY Swing-away lateral support with 6x6" pad

Note: selecting JAY swing-away lateral support will omit the Ride lateral support.

4a. Height at top of lateral pad client left side _____"

Height at top of lateral pad client right side_____"

☐ Jay Swingaway Lateral Support - 6x6 pad - client left	RCB2-JSALL66	$ 485.00
☐ Jay Swingaway Lateral Support - 6x6 pad - client right	RCB2-JSALR66	$ 485.00

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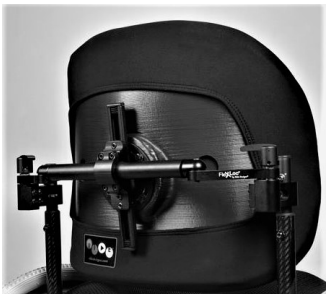
5. Ride Custom Back Hardware and Mounting

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:

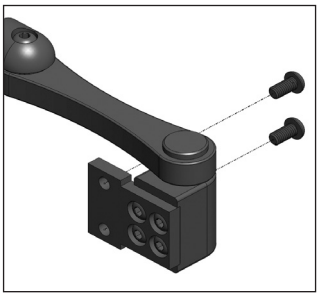
- Weight exceeds 250 pounds
- Overall back height measurement (as measured to trim lines on shape) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

☐ 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:

☐ 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


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 with Recline.	RCB2-QSIB	$ 205.00
☐ Quickie Sedeo Pro Advanced Interface Bracket Mounts RCB200 to Quickie Sedeo Pro Advanced Power Seating System with Recline.	RCB2-QSAIB	$ 205.00

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	$ 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.

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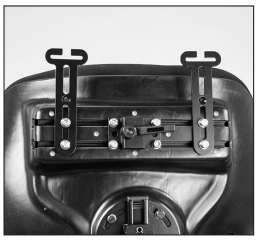
6. Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
One cover is included at no charge. Please select one of the following:		
☐ Spacer fabric cover	RCB2-SFC	$ 0.00
☐ Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only.)	RCB2-IC	$ 0.00
☐ Additional breathable cover	RCB2-SFCA	$ 384.00
☐ Additional wipeable, incontinence-proof cover	RCB2-ICA	$ 384.00

Universal Headrest Mounting Plate.

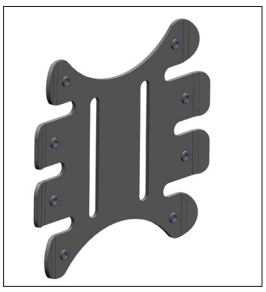
7. Supplementary Padding

Item	Part Number	Mfr. Sugg. Retail Price*
Soft Fit Half-inch thick reticulated foam on top of AccuSoft foam liner.		
☐ Complete Back, including laterals Increases each lateral support thickness by 1/2" and may result in compromise of postural correction.	RCB2-SF	$443.00
☐ Center Only, exclude laterals	RCB2-SFNL	$443.00


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

8. Accessories

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Universal headrest mounting plate, installed Note: Will be installed midline, top of back.	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
☐ 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	$ 115.00
☐ Shoulder harness guides, pair, installed	RCB2-SHGI	$ 196.00
☐ Abdominal panel attachment plate only Included when abdominal support panel is ordered below, but also a great option on its own for mounting a chest harness or belts.	RCB2-APAP	$ 204.00
☐ Reinforced lateral thoracic supports Required for laterals that are greater than than 7" deep	RCB2-RLTS	$ 450.00


Abdominal panel attachment plate.

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

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.

Abdominal support panel
Recommended for clients with anterior pelvic tendencies.

Size

☐ Small — height 4" (two straps)	RCB2-AP-4	$ 408.00
☐ Medium — height 6" (three straps)	RCB2-AP-6	$ 408.00
☐ Large — height 8" (three straps)	RCB2-AP-8	$ 408.00

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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

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.ridedesigns.com.

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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