**Ride Designs®**
a branch of Aspen Seating, LLC

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phone 303.781.1633
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www.ridedesigns.com

# 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 the 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 _____ State _____ Zip _____

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 _____ State _____ Zip _____

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**

**Client First and Last Name** _____

## Client Information

*Internal management of personal information is HIPAA compliant.

Sex: ☐ M ☐ F Diagnosis _____

Height _____ Weight _____

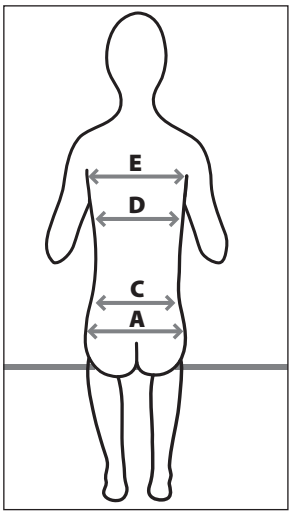
Does client have:

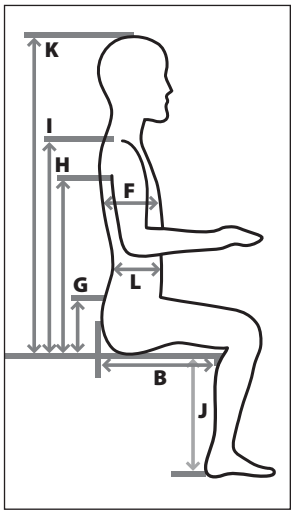
☐ Current tissue injury? Location _____ Stage _____

☐ 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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# 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<br>Medicare HCPCS Code E2609<br>Select one outer cover:† | RCAC-S | $2393.00 |
| ☐ Outer breathable spacer fabric zip cover | RCAC-CBZ | |
| OR | | |
| ☐ Outer wipeable incontinence-resistant cover | RCAC-IC | |
| ☐ Ride Custom AccuSoft Cushion - Extra Soft<br>Medicare HCPCS Code E2609<br>Select one outer cover: † | RCAC-XS | $2393.00 |
| ☐ 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 | $ 156.00 |
| ☐ Custom Mounting Platform<br>ABS platform with indexing tabs to ensure correct placement of cushion on seat **(not compatible with bevel cut or drop seat modification)** | RCAC-CMP | $ 495.00 |

## 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<br>☐10" ☐11" ☐12" ☐13" ☐14" ☐15"<br>☐16" ☐17" ☐18" ☐19" ☐20" | RCAC-___<br>(width) | No charge |
| Extra large width<br>☐21" ☐22" ☐23" ☐24" | RCAC-W___<br>(width) | $ 162.00 |
| ☐ Tapered width<br>Back width _____" Front width _____" | RCAC-CWTW | $ 162.00 |

3.

Determine desired cushion width (front view).



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* All prices are in U.S. dollars.

† Additional covers available in Section 8.

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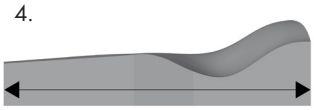
## 4. Cushion Length

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<br>LEFT _____" RIGHT _____" | RCAC-CLALL | $ 156.00 |

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 | $ 183.00 |
| ☐ As low as possible*** | RCAC-SHDH | $ 183.00 |

***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**<br>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<br>For gentle support to bony prominences and to maintain a high level of microclimate management.<br>⚠ ONE SIZE: Must be trimmed in field to fit | RCAC-WI | $ 57.00 |
| ☐ Full contact** | RCAC-FC | No charge |

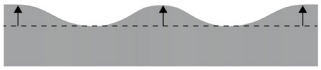
****NOTE: The Custom AccuSoft Cushion is not a fully off-loading cushion. For highest level of skin protection, we recommend the Ride Custom 2 Cushion.**

## 7. Thigh/Femoral Support

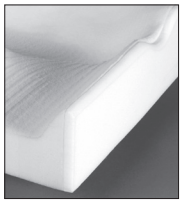
If no selection is made, medial and lateral thigh supports will be eliminated.

| 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 | $ 139.00 |
| **Lateral Thigh Support** | | |
| LEFT | | |
| ☐ Eliminate | RCAC-LTEL | No charge |
| ☐ Increase _____" (maximum 3" total height from bottom of leg trough) | RCAC-LTIL | $ 139.00 |
| RIGHT | | |
| ☐ Eliminate | RCAC-LTER | No charge |
| ☐ Increase _____" (maximum 3" total height from bottom of leg trough) | RCAC-LTIR | $ 139.00 |
| ☐ Lateral Thigh Support Reinforcement<br>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 | $ 244.00 |

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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* All prices are in U.S. dollars.

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## 8. Modifications

| Item | Part Number | Mfr. Sugg. Retail Price* |
|---|---|---|
| ☐ Undercut front edge 1" | RCAC-UC1 | $ 87.00 |
| ☐ Front rigging notches<br>_____" W x _____" D x _____" H | RCAC-WCFR | $ 100.00 |
| ☐ Pelvic Obliquity Build-Up Right | RCAC-OBUR | $ 183.00 |
| ☐ Pelvic Obliquity Build-Up Left | RCAC-OBUL | $ 183.00 |

The carved cushion contour 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 | $ 95.00 |
| ☐ Two-layer spacer fabric Soft Fit | RCAC-EM2 | $ 172.00 |
| ☐ Additional breathable spacer 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<br>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 |

## 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 | $ 96.00 | |
| ☐ For 15" / 38cm and 16" / 41cm cushion width | RCAC-OW-1616 | $ 96.00 | |
| ☐ For 17" / 43cm and 18" / 46cm cushion widths | RCAC-OW-1816 | $ 96.00 | |
| ☐ For 19" / 48cm and 20" / 51cm cushion widths | RCAC-OW-2016 | $ 96.00 | |

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 | $ 45.00 | |

## 11. Growth

| Item | Part Number | Mfr. Sugg. Retail Price* |
|---|---|---|
| ☐ Growth Kit<br>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 | $ 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:** _____



Continue on page 6

* All prices are in U.S. dollars.
** 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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* All prices are in U.S. dollars.

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# 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 | $ 2529.00 |
| 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 | $ 188.00 |

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.

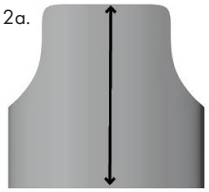
## 2. Desired finished back dimensions

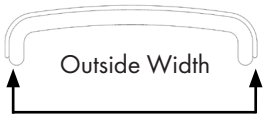
2a. Specify desired finished back height _____"

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 | $ 402.00 |

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.

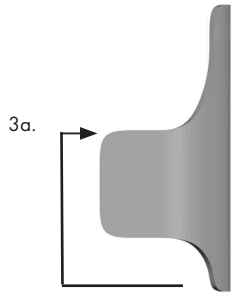
Height at top of lateral support client left side _____"

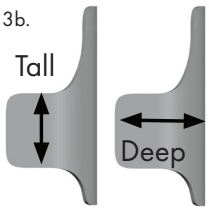
Height at top of lateral support client right side _____"

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 $495.00 - 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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* All prices are in U.S. dollars.

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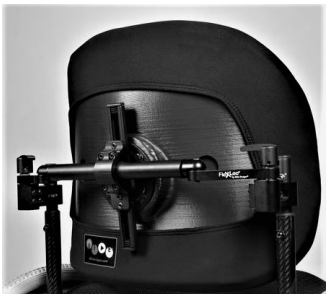
## 5. Ride Custom Back Hardware and Mounting

| 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:

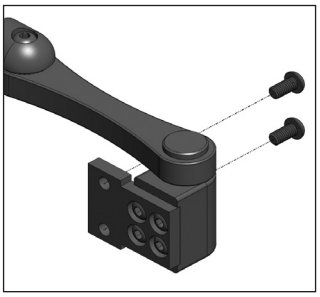
- Weight exceeds 250 pounds
- Overall back height measurement (as measured to trim lines on shape) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

☐ Single Set of Hardware

☐ Double Set of Hardware

| | | MSRP per set |
|---|---|---|
| ☐ Small, mounting distance 10 - 14" | RCB2-FL-MS | $ 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:


Adapter Plate

| | | |
|---|---|---|
| ☐ Clamp Mount for round back canes | RCB2-FL-MCI | Standard |
| ☐ Additional Mounting Clamps (pair)<br>NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included. | RCB2-FL-MC | $ 262.00 |

☐ 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<br>Mounts RCB200 to Quickie Sedeo Pro Power Seating System with Recline. | RCB2-QSIB | $ 226.00 |
| ☐ Quickie Sedeo Pro Advanced Interface Bracket<br>Mounts RCB200 to Quickie Sedeo Pro Advanced Power Seating System with Recline. | 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<br>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.

* All prices are in U.S. dollars.



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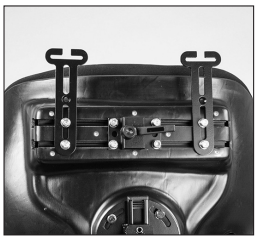
## 6. Cover Options

| 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 | $ 422.00 |
| ☐ Additional wipeable, incontinence-proof cover | RCB2-ICA | $ 422.00 |

Universal Headrest Mounting Plate.

## 7. Supplementary Padding

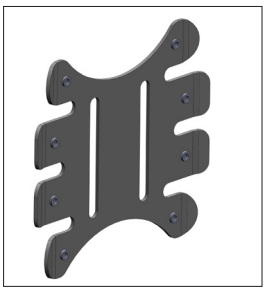
| Item | Part Number | Mfr. Sugg. Retail Price* |
|---|---|---|
| Soft Fit<br>Half-inch thick reticulated foam on top of AccuSoft foam liner. | | |
| ☐ Complete Back, including laterals<br>Increases each lateral support thickness by 1/2" and may result in compromise of postural correction. | RCB2-SF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


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

| Item | Part Number | Mfr. Sugg. Retail Price* |
|---|---|---|

## 8. Accessories

| | | |
|---|---|---|
| ☐ Universal headrest mounting plate, installed<br>Note: Will be installed midline, top of back. | RCB2-UHMP | $ 210.00 |
| ☐ Integrated headrest/accessories mount<br>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<br>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 | RCB2-SHGI | $ 216.00 |
| ☐ Abdominal panel attachment plate only<br>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 | $ 224.00 |
| ☐ Reinforced lateral thoracic supports<br>Required for laterals that are greater than than 7" deep | RCB2-RLTS | $ 495.00 |


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 | $ 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.

**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 |



Continue on page 10

* All prices are in U.S. dollars.

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## 8. Growth

| Item | Part Number | Mfr. Sugg. Retail Price* |
|---|---|---|
| ☐ Growth Kit<br>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 |

## 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.

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