Ride Designs®
a branch of Aspen Seating, LLC

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

Ride® Custom AccuSoft Cushion From Scan - Itemized Order Form

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)

Shape provided via:

☐ **RideWorks Scan**

☐ **Other**_____

Note: If you wish to order using our made from measurements option, please visit www.ridedesigns.com/order-forms/ and choose the appropriate made-from-measurements order form.

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 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 From Scan 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.

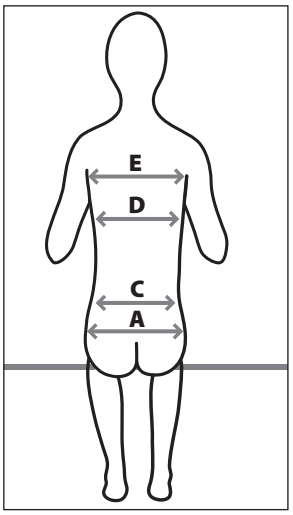
Sex: ☐ M ☐ F Diagnosis _____

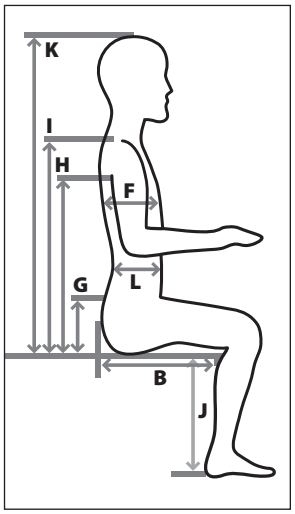
Height _____ Weight _____

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 _____"

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Ride® Custom AccuSoft™ Cushion From Scan Order Form

Client First and Last Name _____

Prices effective January 13, 2025.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Ride Custom AccuSoft Cushion - Soft Medicare HCPCS Code E2609 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 Medicare HCPCS Code E2609 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.

Shape Capture Process (please check one)

☐ Bead Bag
Indicate Shape Capture Base size used:
☐ Small (Blue) ☐ Medium (White)
☐ Large (Red) ☐ None

☐ Shape Capture Base is Wedged Up _____"
☐ Front ☐ Rear
☐ Left Side ☐ Right Side
☐ Build wedge into cushion per simulation — RCAC-WS — $183.00
☐ 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 or if existing foam has taken a significant compression set.

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 being duplicated 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.)

Resting Posture of Pelvis in Ride Shape Capture

☐ Neutral ☐ Posterior ☐ Anterior

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* All prices are in U.S. dollars.
† Additional covers available in Section 8.

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Ride® Custom AccuSoft™ Cushion From Scan Order Form

Client First and Last Name _____

1. Photos and Scan

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.

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 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 ☐ 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)	$ 162.00
☐ Tapered width Back width _____" Front width _____"	RCAC-CWTW	$ 162.00

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

4. Cushion Length

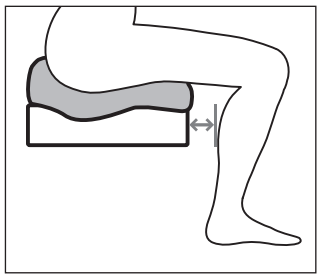
(IMPORTANT: Specify cushion length relative to front of Shape Capture Base as shown.)

Measure from front of Shape Capture Base to establish cushion length.

Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Equal to Shape Capture Base length	RCAC-CLAC	Standard
Symmetrical Length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCAC-CLSL	No charge
Asymmetrical Length		$ 156.00
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 _____"



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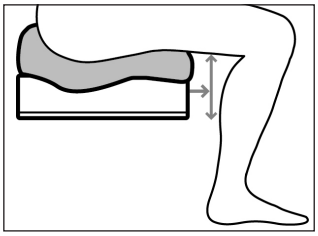
5. Sitting Height

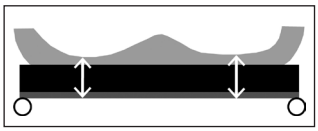
Item	Part Number	Mfr. Sugg. Retail Price*
☐ Targeted final front cushion height (see diagrams at right) Height: L leg _____" R leg _____" NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.	RCAC-SHTH	No charge
☐ As captured	RCAC-SHAC	Standard
☐ Increase overall height _____"	RCAC-SHIH	$ 183.00
☐ As low as possible Cushion height will be lowered to achieve minimum foam thickness in IT well. This may not result in lower final front cushion height.	RCAC-SHDH	$ 183.00



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

6. Cushion Contour

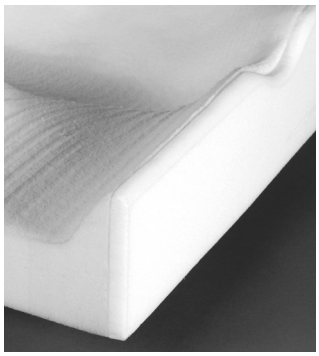
Item	Part Number	Mfr. Sugg. Retail Price*
****NOTE: The Custom AccuSoft Cushion is not a fully off-loading cushion. For highest level of skin protection, we recommend the Ride Custom 2 Cushion.**		
☐ Ride contour** Cushion is manufactured with Ride's patented mechanism of support which reduces forces 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	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	$ 57.00
☐ Full contact** Cushion manufactured as captured	RCAC-FC	No charge



Determine targeted front of cushion height (front view).

7. Thigh/Femoral Support

Item	Part Number	Mfr. Sugg. Retail Price*
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.		
☐ As captured	RCAC-MTAC	Standard
☐ Eliminate	RCAC-MTE	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-MTI	$ 139.00
☐ Decrease _____"	RCAC-MTD	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCAC-MTM	No charge
Lateral Thigh Support		
LEFT		
☐ As captured	RCAC-LTAC	Standard
☐ Eliminate	RCAC-LTEL	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIL	$ 139.00
☐ Decrease _____"	RCAC-LTDL	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCAC-LTML	No charge
RIGHT		
☐ As captured	RCAC-LTAC	Standard
☐ Eliminate	RCAC-LTER	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR	$ 139.00
☐ Decrease_____"	RCAC-LTDR	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCAC-LTMR	No charge
☐ 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	$ 244.00



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	$ 87.00
☐ Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR	$ 100.00

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 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 (These wedges are loose. To order a built-in wedge, please see page 3.)			
☐ 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 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

Total: _____

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* 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.

_____

_____

_____

_____

_____

_____

_____

_____

Pair the Ride Custom AccuSoft Cushion with a Ride Custom Back Support for optimal seating

Consider Ride Designs' lightweight, thin-profile, and adjustable Custom Back support for the widest range of seating needs.

Breathable
Ultra-breathable 3D mesh liner material, along with a spacer fabric cover, help keep the sitter dry and comfortable in virtually any climate.

Forgiving
An optional, soft open-cell polyurethane foam insert is available as an alternative to the firm, breathable composite foam liner.

Protection and comfort
Supplementary padding and reliefs improve protection and comfort at sensitive areas.

Easy to clean and adjust
Removable and washable cover eases cleaning, maintenance, and adjustments.

Mounting options
Strong outer shell provides stability and surfaces for easy mounting of hardware and accessories.

Growable
Like the Ride Custom AccuSoft Cushion, the Back can be grown at a fraction of the cost of a new custom system.

More information at www.ridedesigns.com

Ride Custom Back paired with the Ride Custom AccuSoft Cushion.

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.

* All prices are in U.S. dollars.

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