NOTE: Itemized order forms are available should that be your preference.

Ride® Custom Systems AccuSoft® Cushion from Scan

Bundled Package 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 Practioner 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 _____

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Ride® Custom AccuSoft Cushion from Scan Bundled 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.

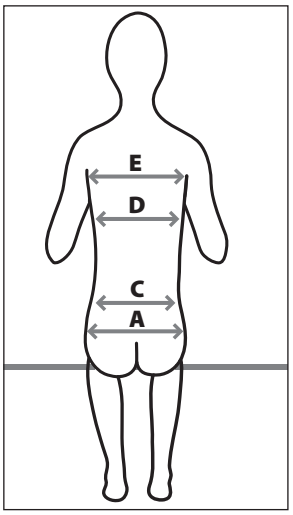
Sex: ☐ M ☐ F Diagnosis _____

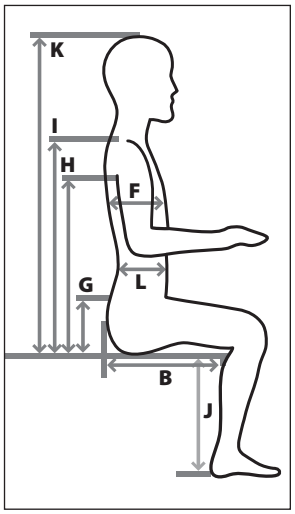
Does client have:

☐ 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 _____"

Ride Designs®
a branch of Aspen Seating, LLC

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com

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NOTE: Itemized order forms are available should that be your preference.

Ride® Custom AccuSoft® Cushion from Scan

Bundled Package Order Form

Client First and Last Name _____

Prices effective January 13, 2025

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Ride Custom AccuSoft Cushion Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:†	RCAC-S-B01	$3224.00
☐ Outer breathable spacer fabric zip cover	RCAC-CBZ	
☐ Outer wipeable incontinence-resistant cover	RCAC-IC	
☐ Ride Custom AccuSoft Cushion Extra Soft - Bundled Medicare HCPCS Code E2609 Select outer covers:†	RCAC-XS-B01	$3224.00
☐ Outer breathable spacer fabric zip cover	RCAC-CBZ	
☐ 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 Wedged Up _____"
☐ Front ☐ Rear
☐ Left Side ☐ Right Side

☐ Build wedge into cushion per simulation — RCAC-WS — Included in Bundled Price
☐ 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 the 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 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

Continue on page 4

* All prices are in U.S. dollars.
† Select one or both.

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Ride® Custom AccuSoft™ Cushion from Scan Bundled Package Order Form

Client First and Last Name _____

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.

The Ride Custom AccuSoft Bundled Package includes all of the following options

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
Standard ☐ 10" ☐ 11" ☐ 12" ☐ 13" ☐ 14" ☐ 15" ☐ 16" ☐ 17" ☐ 18" ☐ 19" ☐ 20"	RCAC-___ (width)
Extra large width ☐ 21" ☐ 22" ☐ 23" ☐ 24"	RCAC-W___ (width)
☐ Tapered width Back width _____" Front width _____"	RCAC-CWTW

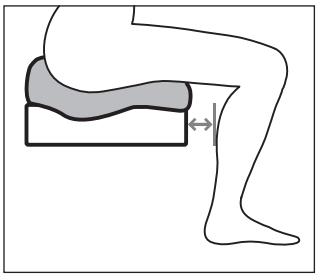
NOTE: Virtually any size cushion can be built. Call for a quote.

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
☐ Equal to Shape Capture Base length	RCAC-CLAC
Symmetrical Length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCAC-CLSL
Asymmetrical Length 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 _____"	
☐ Undercut Front Edge 1"	RCAC-UC1
☐ Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR

Continue on page 5

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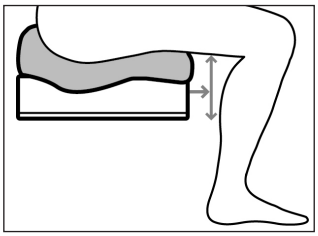
Ride® Custom AccuSoft™ Cushion from Scan Bundled Package Order Form
Client First and Last Name _____

Sitting Height

Item	Part Number
☐ 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
☐ As captured	RCAC-SHAC
☐ Increase overall height _____"	RCAC-SHIH
☐ As low as possible	RCAC-SHDH

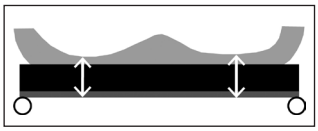
NOTE: Cushion height will be lowered to achieve minimum foam thickness in I.T. well. This may not result in a lower final front cushion height.



For targeted cushion height: at the projected cushion length, measure from the bottom of the shape capture base

Cushion Contour

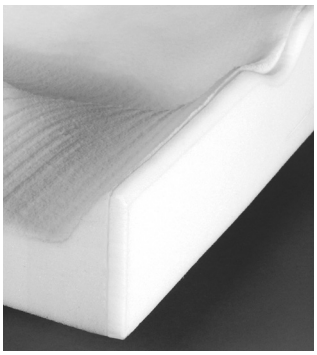
Item	Part Number
NOTE: The Custom AccuSoft Cushion is not a fully off-loading cushion. For highest level of skin protection, we recommend the Ride Custom 2 Cushion.	
☐ Ride contour Cushion is manufactured with Ride's patented mechanism of support which reduces forces at high risk areas and provides slightly greater forces at low risk areas. NOTE: Ride contour is not available with Extra Soft Foam option.	RCAC-RC
☐ 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
☐ Full contact Cushion manufactured as captured	RCAC-FC



Determine targeted front of cushion height (front view).

Thigh/Femoral Support

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



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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Cover Modifications

Item	Part Number
☐ For the outer breathable spacer fabric zip cover installed on cushion (if selected)	
☐ Spandex layer over spacer fabric	RCAC-SP
☐ Two-layer spacer fabric Soft Fit	RCAC-EM2

Custom AccuSoft Accessories

Item	Part Number	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	
☐ For 15" / 38cm and 16" / 41cm cushion width	RCAC-OW-1616	
☐ For 17" / 43cm and 18" / 46cm cushion widths	RCAC-OW-1816	
☐ For 19" / 48cm and 20" / 51cm cushion widths	RCAC-OW-2016	

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

Cushion/Wheelchair Interface Modifications

Item	Part Number
☐ Bevel-Cut Modification for sling seat	RCAC-BC

Continue on page 7

** One size fits all. Trim in field for correct fit.

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Additional Options
Price not included in bundled package

Additional Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Drop Seat Modification, 1" drop	RCAC-WC003	$ 156.00
☐ Custom Mounting Platform **(not compatible with bevel cut modification or drop seat modification)** ABS platform with indexing tabs to ensure correct placement of cushion on seat	RCAC-CMP	$ 495.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable spacer fabric 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

Growth

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

* All prices are in U.S. dollars.
** If these modifications were not selected with the included cushion cover, they will be provided at no charge with the additional cushion cover.

Continue on page 8

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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 ultra-breathable 3D mesh liner.

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

E**asy 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.

Ride Designs®
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SUNRISE MEDICAL

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