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

Ride® Custom 2 Cushion and Ride Custom Back 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.

Account # _____

PO # _____

Date _____ SO# _____

SN# _____

☐ Ride Custom 2 Cushion (RCC200)

Shape provided via:

☐ **RideWorks® Scan**

☐ **Other** _____

☐ Ride Custom Back (RCB200)

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.

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 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 2 Cushion and Custom Back from Scan 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.

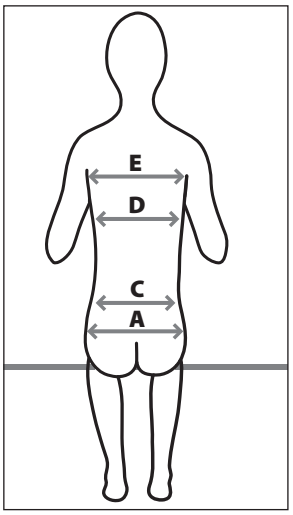
Sex: ☐ M ☐ F Diagnosis _____

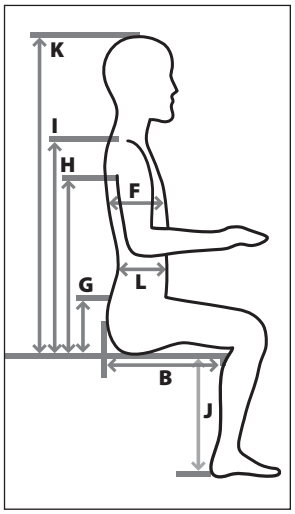
Does client have:

☐ Current tissue injury? Location _____ Stage _____

☐ History of tissue injury? Location _____ Stage _____

Height _____ Weight _____





Client Measurements

A. Trochanters _____"

B. Leg length L _____" R_____"

C. Iliac Crest _____"

D. Mid-Thorax _____"

E. Axilla _____"

F. A-P Mid-Thorax _____"

G. Top of Iliac Crest R _____" L_____"

H. Axilla height R _____" L_____"

I. Top of shoulder R _____" L_____"

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

SUNRISE MEDICAL

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 2 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 2 Cushion - Bundled Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200-B01	$3209.00

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	RCC2-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.)

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

Photos and Scan

Using RideWorks? 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.

Not using RideWorks? Include:
☐ Photograph of front and both sides of client during shape capture.
☐ Photograph of captured shape.

Continue on page 4

* All prices are in U.S. dollars.

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Ride® Custom 2 Cushion and Custom Back from Scan Bundled Package Order Form

Client First and Last Name _____

The RCC200-B01 Bundled Package includes all of the following options

Foam Options

Item	Part Number
☐ Standard Foam (max. weight 250 lbs.)	RCC2-SF
☐ Firm Foam (max. weight 300 lbs.)	RCC2-FF
☐ Standard Foam with front cushion reinforcement	RCC2-SF-CR
☐ Firm Foam with front cushion reinforcement	RCC2-FF-CR

Cushion Width (Actual cushion width will be 1/4" less than specified.)

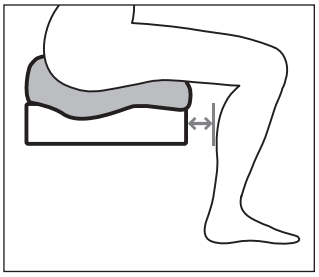
Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number
Standard ☐ 10" ☐ 11" ☐ 12" ☐ 13" ☐ 14" ☐ 15" ☐ 16" ☐ 17" ☐ 18" ☐ 19" ☐ 20"	RCC2-___ (width)
Extra large width (Selection of Firm Foam RCC2-FF is strongly recommended.) ☐ 21" ☐ 22" ☐ 23" ☐ 24"	RCC2-W___ (width)
☐ Tapered width Back width _____" Front width _____"	RCC2-CWTW

NOTE: For cushion widths greater than 24," please call for a quote.

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

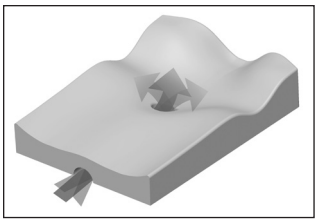
Measure from front of Shape Capture Base to establish cushion length.
Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.



Item	Part Number
☐ Equal to Shape Capture Base length	RCC2-CLAC
Symmetrical Length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCC2-CLSL
Asymmetrical Length LEFT ☐ Equal to Shape Capture Base length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCC2-CLALL
RIGHT ☐ Equal to Shape Capture Base length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" from Shape Capture Base length	RCC2-CLALR
Missed this step? Indicate desired length of cushion on each side L _____" R _____"	

Modifications

Item	Part Number
☐ 1" undercut	RCC2-UC1
☐ Ventilation channel	RCC2-VC
☐ Bevel Cut Modification for sling seat	RCC2-BC



Custom ventilation channel helps manage heat and moisture.

Continue on page 5

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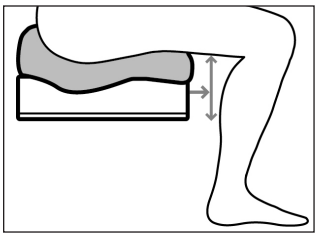
Sitting Height

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.	RCC2-SHTH
☐ As captured	RCC2-SHAC
☐ Increase overall height _____"	RCC2-SHIH
☐ As low as possible	RCC2-SHDH

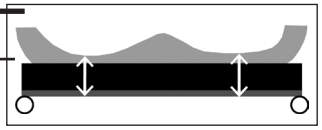
NOTE: Cushion height will be lowered to achieve minimum foam thickness in I.T. well. This may not result in a lower final front cushion height.



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

Cushion Contour

Item	Part Number
☐ Off-load bony prominences Off-loads bony prominences and enhances loading of areas tolerant of pressure and shear for best skin protection, postural control and microclimate.	RCC2-OBP
☐ 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. Not compatible with Full Contact Option	RCC2-WI
☐ Full contact Cushion manufactured as captured (compromises air flow and microclimate management at bony prominences). ⚠ WARNING: Full contact is not recommended for users at high risk of skin breakdown.	RCC2-FC



Determine targeted front of cushion height (front view).

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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	RCC2-MTAC
☐ Eliminate	RCC2-MTE
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-MTI
☐ Decrease _____"	RCC2-MTD
☐ Decrease as marked with line on Shape Capture Bag	RCC2-MTM
Lateral Thigh Support	
LEFT	
☐ As captured	RCC2-LTAC
☐ Eliminate	RCC2-LTEL
☐ Increase _____"(maximum 3" total height from bottom of leg trough)	RCC2-LTIL
☐ Decrease _____"	RCC2-LTDL
☐ Decrease as marked with line on Shape Capture Bag	RCC2-LTML
RIGHT	
☐ As captured	RCC2-LTAC
☐ Eliminate	RCC2-LTER
☐ Increase _____"(maximum 3" total height from bottom of leg trough)	RCC2-LTIR
☐ Decrease_____"	RCC2-LTDR
☐ Decrease as marked with line on Shape Capture Bag	RCC2-LTMR

Covers

Item	Part Number
☐ One breathable spacer fabric zip cover included	
☐ Spandex layer over spacer fabric	RCC2-SP
☐ Two-layer spacer fabric Soft Fit	RCC2-EM2

Continue on page 7

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Custom Cushion Accessories/Items

Item	Part Number	
☐ 1" / 3cm Cushion Orientation Wedge (These wedges are loose. For a built-in wedge, please see page 3.)		**Qty**
☐ For 14" / 36cm cushion widths	RCC2-OW-1414	
☐ For 15" / 38cm and 16" / 41cm cushion width	RCC2-OW-1616	
☐ For 17" / 43cm and 18" / 46cm cushion widths	RCC2-OW-1816	
☐ For 19" / 48cm and 20" / 51cm cushion widths	RCC2-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**	RCC2-WK	

Additional Options

Price not included in bundled package

Cushion/Wheelchair Interface Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Drop Seat Modification, 1" drop	RCC2-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)**	RCC2-CMP	$ 495.00

Cushion Modification Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Front rigging notches _____" W x _____" D x _____" H	RCC2-WCFR	$ 100.00

Additional Cover Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable spacer fabric zip cover	RCC2-CBZA ___ (width)	$ 249.00
☐ Spandex layer over spacer fabric	RCC2-SP	$ 95.00
☐ Two-layer spacer fabric Soft Fit	RCC2-EM2	$ 172.00
☐ Outer incontinent resistant cover	RCC2-IC	$ 299.00
☐ Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric cover.	RCC2-INICA	$ 299.00

Continue on page 8

* All prices are in U.S. dollars.
** One size fits all. Trim in field for correct fit.

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Additional Options (continued)
Price not included in bundled package

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 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.)	RCC2-DGK	$ 307.00

Total: _____

Special Instructions or Comments

NOTE: May affect price; call to request quote.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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.

Ride Designs®
a branch of Aspen Seating, LLC
SUNRISE MEDICAL

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www.ridedesigns.com
customerservice@ridedesigns.com

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

Ride® Custom Back from Scan
Bundled Package Order Form

Client First and Last Name _____

Prices effective January 13, 2025.

RIDEWORKS®

▶ **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

Trim lines; establish and mark on clear, outer shape capture bag:

☐ Back height ☐ Lateral support depth and height ☐ Mark distal laterals and indicate measurement between them.

▶ **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
- ☐ Measurement between marks on distal laterals

▶ **Important! If you're ordering a Ride Custom Back without a scan, please do not complete this order form. Please visit www.ridedesigns.com/order-forms/ and select the appropriate order form under "Made from Measurements Order Method."**

DID YOU SEND **PHOTOS?**

Continue on page 4

* All prices are in U.S. dollars.

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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

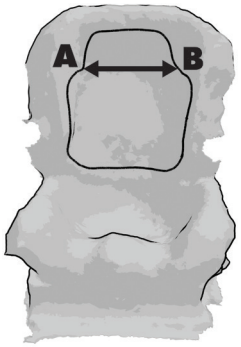
The RCB200 Bundled Package includes all of the following options

2. Ride Custom Back Size

Item	Part Number
☐ Trunk width is ≤ 20"	RCB2-200R
☐ Trunk width is 21" - 24"	RCB2-200W

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

Targeted width from top of left lateral trimline (A) to top of right lateral trimline (B)_____"
(Providing this information will help us to ensure the finished product specs are accurate.)



Continue on page 11

* 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 shape capture bag) 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-0

b. Select Mounting for first set of hardware:

☐ Clamp Mount for round back canes — RCB2-FL-MCI

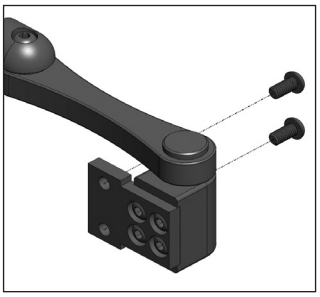
☐ Quickie Sedeo Pro Interface Bracket — RCB2-QSIB

Mounts RCB200 to Quickie Sedeo Pro Power Seating System with recline.

☐ Quickie Sedeo Pro Advanced Interface Bracket — RCB2-QSAIB

Mounts RCB200 to Quickie Sedeo Pro Advanced Power Seating System with recline.

- **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 and require ordering Ride's FlexLoc Adapter Plate, below.**
- 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.



Adapter Plate

☐ FlexLoc Adapter Plate — RCB2-FL-MCI-P1

For mounting to Sedeo Pro seating systems without recline, and 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

Quick Release Option

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 12

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Foam Options

Item	Part Number
☐ Ultra-breathable, 3D mesh liner	RCB2-SML
☐ Additional layer of 3D mesh liner (increases each lateral support thickness by 1/2".)	RCB2-2SML
☐ 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. ☐ Complete back (including laterals) Increases each lateral support thickness by ½" and may result in compromise of postural correction. ☐ Center only (excludes laterals)	RCB2-SF
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.	
☐ Enhanced relief Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes. — Draw desired location(s) and shape of relief on clear, outer shape capture bag.	RCB2-ERFP
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.	

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 13

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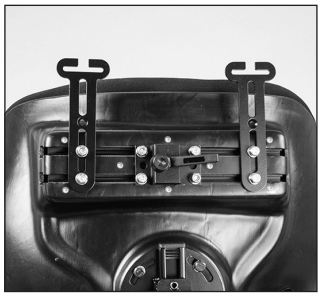
Ride® Custom 2 Cushion and Custom Back from Scan Bundled Package Order Form

Client First and Last Name _____

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.	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
☐ 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
☐ Shoulder harness guides, pair, loose	RCB2-SHG
☐ Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag.	RCB2-SHGI

Universal Headrest Mounting Plate.



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

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 shape capture bag) 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

PHOTOS??
JUST CHECKING.

* 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.

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* 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

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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.

PHOTOS??
THEY MUST BE HERE SOMEWHERE.

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