



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

Ride® Custom Back Bundled Package Order Form

Client's First and Last Name* _____

Attach appropriate order form for each component ordered.

Ride Custom Back (RCB200)

Shape provided via:

RideWorks Scan

Client Measurements and Finished Product Dimensions

NOTE: Only available with AccuSoft foam liner. See special instructions on page 4.

Date of shape capture: _____

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

*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 _____

Ride® Custom Back 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:

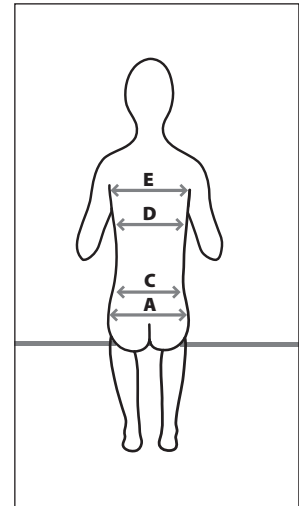
Current tissue injury? Location _____ Stage _____

History of tissue injury? Location _____ Stage _____

Height _____ Weight _____

Client Measurements

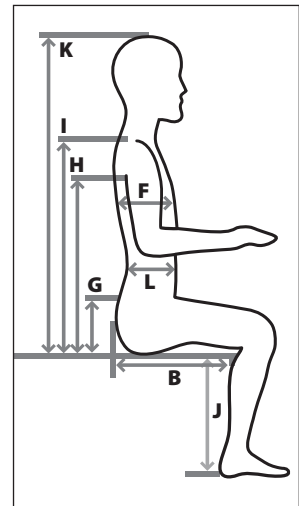
- | | |
|---------------------------------|---|
| A. Trochanters _____" | G. Top of Iliac Crest L _____" R _____" |
| B. Leg length L _____" R _____" | H. Axilla height L _____" R _____" |
| C. Iliac Crest _____" | I. Top of shoulder L _____" R _____" |
| D. Mid-Thorax _____" | J. Knee to heel _____" |
| E. Axilla _____" | K. Top of head _____" |
| F. A-P Mid-Thorax _____" | L. A-P abdomen _____" |



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"



Ride Designs®
a branch of Aspen Seating, LLC

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phone 303.781.1633
fax 303.781.1722

www.ridedesigns.com



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Prices effective January 8, 2024.

► Shape capture method

Using RideWorks® app?

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



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

DID YOU SEND PHOTOS?

- Trim lines; establish and mark on clear, outer shape capture bag:
- Back height
 - Lateral support depth and height
 - Iliac crest height

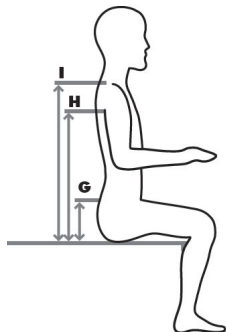


► **Using client measurements and final product dimensions? (No scan required. Only available with AccuSoft foam liner.)**
Please see ordering instructions on page 4. Please skip to page 5 if ordering with a scan of a captured shape.

Ride® Custom Back Order Form
Client First and Last Name _____

Ordering with no scan - just client measurements and finished product dimensions. (Skip to pg 12 if submitting a scan.)

⚠ 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 made from a captured shape that is scanned and submitted to Ride.

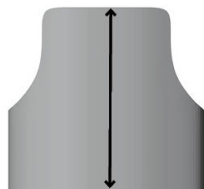


Step 1 - Client Measurements

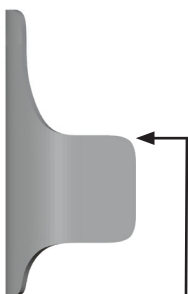
Make sure the following client measurements are provided, either on page 2, or here:

- G. Top of Iliac Crest L _____ " R _____ "
- H. Axilla Height L _____ " R _____ "
- I. Top of Shoulder L _____ " R _____ "

Step 2 - Desired finished back height _____ "

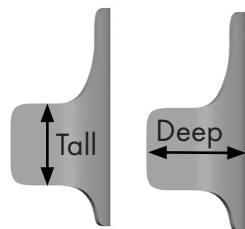


Step 3 - Desired finished lateral height from seat to top of lateral. (For full-height lateral pads, this number should equal "tall" lateral pad measurement in step 4.)



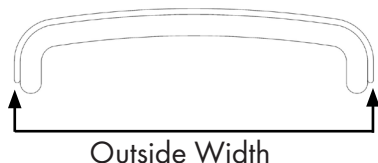
- 3a. Client's left side top of lateral _____ "
- 3b. Client's right side top of lateral _____ "

Step 4 - Desired finished lateral pad dimensions (Min. 3" tall.) (Maximum lateral depth, 7". If lateral depth greater than 7" is needed, please capture a shape, scan the shape and submit the scan via the RideWorks app.)



- 4a. Client left lateral pad _____ " tall x _____ " deep
- 4b. Client right lateral pad _____ " tall x _____ " deep

Step 5 - Desired finished outside back width _____ " (Foam liner will result in inside width being approximately 2" narrower than outside width).



Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Item	Part Number	Mfr. Sugg. Retail Price*
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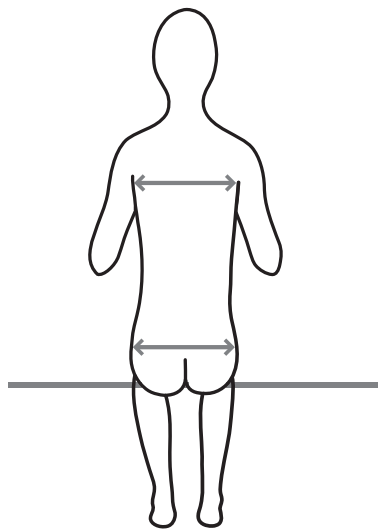
- | | | |
|---|----------------|------------|
| <input type="checkbox"/> Ride Custom Back - Bundled
Medicare HCPCS Code E2617
Custom contoured seat back shell;
choice of 1) ultra-breathable, 3D mesh liner or
2) AccuSoft® foam liner; and removable, washable spacer fabric cover.
Note: if AccuSoft foam liner is selected, Back
comes with choice of spacer fabric cover or
removable, wipeable, and incontinence-proof cover. | RCB200 Bundled | \$ 3847.00 |
|---|----------------|------------|

The RCB200 Bundled Package includes all of the following options

Ride Custom Back Width

Item	Part Number
------	-------------

Find the widest spot on client's body in between axilla and trochanters and provide the measurement _____ "



- Widest spot is < 20" RCB2-200R
- Widest spot is 21" - 24" RCB2-200W

Pricing for widths greater than 24" will be individually determined and quoted.

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.

Ride Custom Back Hardware and Mounting - First Set

Item	Part Number
------	-------------

Ride FlexLoc® Hardware

NOTE: Sections a, b, and c **MUST** have a selection.

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 cast) 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.)

- | | |
|--|-------------|
| <input type="checkbox"/> Small, mounting distance 10 - 14" | RCB2-FL-MS |
| <input type="checkbox"/> Medium, mounting distance 15 - 18" | RCB2-FL-MM |
| <input type="checkbox"/> Large, mounting distance 19 - 21" | RCB2-FL-ML |
| <input type="checkbox"/> X-Large, mounting distance 22 - 24" | RCB2-FL-MX |
| <input type="checkbox"/> Omit hardware | RCB2-200R-0 |

b. Select Mounting for first set of hardware:

- | | |
|--|-------------|
| <input type="checkbox"/> Clamp Mount for round back canes | RCB2-FL-MCI |
| <input type="checkbox"/> Quickie Sedeo Pro Interface Bracket
Mounts RCB200 to Quickie Sedeo Pro Power Seating System. | RCB2-QSIB |
- Not compatible with Quickie Sedeo Pro Advanced seating system.
 - Not compatible with tilt-only Sedeo Pro seating system. *Call for mounting options for tilt-only.*
 - Available as a single-mount option. *Call for options if double hardware is needed on a Sedeo Pro seating system.*
 - Order small FlexLoc hardware for use with this option.
 - This option replaces cane clamps.

- | | |
|---|----------------|
| <input type="checkbox"/> 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 |
|---|----------------|

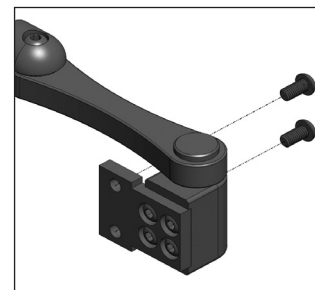
c. Select Attachment for first set of hardware:

- | | |
|--|-------------|
| <input type="checkbox"/> Fixed, non-removeable | RCB2-FL-FMI |
| <input type="checkbox"/> Quick Release Option | RCB2-FL-QR |

NOTE: The Ride FlexLoc Mount can be interfaced with most any wheelchair configuration. Contact Ride Designs for a solution to your mounting challenge.



Ride FlexLoc Hardware



Adapter Plate



Quick Release Option

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Foam Options

Item	Part Number
<input type="checkbox"/> Ultra-breathable, 3D mesh liner (Available with scanned shape only)	RCB2-SML
<input type="checkbox"/> 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:	
<input type="checkbox"/> Spacer fabric cover	RCB2-SFC
<input type="checkbox"/> Wipeable, incontinence-proof cover (Only available with AccuSoft foam liner option)	RCB2-IC



Ultra-breathable foam liner

Supplementary Padding, Reliefs, Dimensions

Item	Part Number
<input type="checkbox"/> Soft Fit (for use with ultra-breathable 3D mesh liner only) Half-inch thick, breathable, reticulated foam liner for a softer feel. Increases each lateral support thickness by ½" and may result in compromise of postural correction.	RCB2-SF
<input type="checkbox"/> Complete back (including laterals)	
<input type="checkbox"/> Center only (excludes laterals)	



AccuSoft foam liner

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, or on cast if not using RideWorks.

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, or on cast if not using RideWorks.

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, or on cast if not using RideWorks.

Ride® Custom Back Bundled Package Order Form

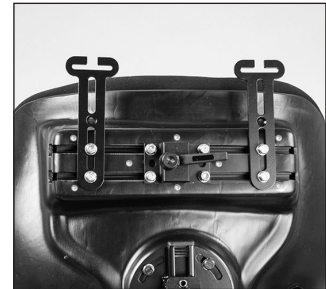
Client First and Last Name _____

Accessories

Item	Part Number
<input type="checkbox"/> Universal headrest mounting plate, installed Note: Will be installed midline, top of back, unless otherwise marked on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-UHMP
<input type="checkbox"/> Integrated headrest/accessories mount Note: May be mounted to FlexLoc vertical track if back height is not sufficient for an integrated mount.	RCB2-AM
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB2-SHG
<input type="checkbox"/> Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	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*
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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 cast) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

Second Set of FlexLoc Hardware

<input type="checkbox"/> Small, mounting distance 10 - 14"	RCB2-FL-MS	\$ 590.00
<input type="checkbox"/> Medium, mounting distance 15 - 18"	RCB2-FL-MM	\$ 590.00
<input type="checkbox"/> Large, mounting distance 19 - 21"	RCB2-FL-ML	\$ 590.00
<input type="checkbox"/> X-Large, mounting distance 22 - 24"	RCB2-FL-MX	\$ 590.00

b. Select Mounting for second set of hardware:

<input type="checkbox"/> Clamp Mount for round back canes	RCB2-FL-MCI	\$ 0.00
<input type="checkbox"/> Additional Mounting Clamps (pair) NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.	RCB2-FL-MC	\$ 238.00
<input type="checkbox"/> 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	\$ 238.00

c. Select Attachment type for second set of hardware:

<input type="checkbox"/> Fixed, non-removable	RCB2-FL-FMI	\$ 0.00
<input type="checkbox"/> Quick Release Option	RCB2-FL-QR	\$ 97.00

PHOTOS??
JUST CHECKING.

* All prices are in U.S. dollars.

Ride® Custom Back Bundled Package Order Form

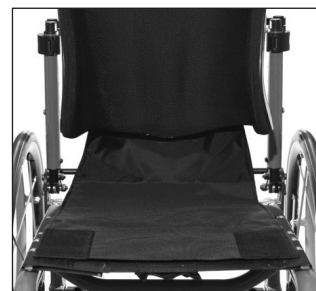
Client First and Last Name _____

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.		
<input type="checkbox"/> Left	RCB2-ASP-L	\$ 207.00
<input type="checkbox"/> Right	RCB2-ASP-R	\$ 207.00
<input type="checkbox"/> Vertical back reinforcement	RCB2-RBS	\$ 332.00
<input type="checkbox"/> Reinforced lateral thoracic supports	RCB2-RLTS	\$ 450.00
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.		

Additional accessories

Item	Part Number	Mfr. Sugg. Retail Price*
Privacy flap		
Covers gap between cushion and back support.		
Size		
<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB2-PFS	\$ 155.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	\$ 155.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB2-PFL	\$ 155.00



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

Abdominal support panel

Instructions:

1. Before removing client from back shape capture bag, mark height of each ASIS on clear, outer bag.
2. Measure up from this mark to establish desired height of abdominal panel needed.
3. Ride Designs will install the abdominal panel for you to meet these specifications.

Size

- | | | |
|--|-----------|-----------|
| <input type="checkbox"/> Small — height 4" (two straps) | RCB2-AP-4 | \$ 408.00 |
| Measurement around abdomen _____" | | |
| <input type="checkbox"/> Medium — height 6" (three straps) | RCB2-AP-6 | \$ 408.00 |
| Measurement around abdomen _____" | | |
| <input type="checkbox"/> Large — height 8" (three straps) | RCB2-AP-8 | \$ 408.00 |
| Measurement around abdomen _____" | | |



Abdominal Support Panel.

* All prices are in U.S. dollars.

Ride® Custom Back Bundled Package Order Form

Client First and Last Name _____

Additional Covers

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> Additional breathable cover	RCB2-SFCA	\$ 384.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB2-ICA	\$ 384.00

Growth

Item	Part Number	Mfr. Sugg. Retail Price*
<input type="checkbox"/> 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

Total: _____

Special Instructions or Comments

NOTE: May affect price; call to request quote.

We offer a 90 day 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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