



Sunrise Medical Canada Inc.  
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 Concord, ON L4K 4P8  
 Customer Service: 800.263.3390  
 www.SunriseMedical.ca  
 www.ridedesigns.com

**Ride® Custom AccuSoft® Cushion and Custom Back from Scan - Itemized Order Form - Canada Only**

**Client's First and Last Name\*** \_\_\_\_\_

Ride® Custom AccuSoft® Cushion (RCAC-S/RCAC-XS)

Shape provided via:

- RideWorks® Scan
- Other \_\_\_\_\_

Ride Custom Back (RCB200)

Shape provided via:

- RideWorks Scan
- Other \_\_\_\_\_

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

Note: If you wish to order using our made from measurements option, please visit <https://www.sunrisemedical.ca/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 \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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 \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Referral Source**

Facility Name \_\_\_\_\_

Clinician Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Ride® Custom AccuSoft® Cushion and Custom Back from Scan - Itemized - Canada Only**

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:

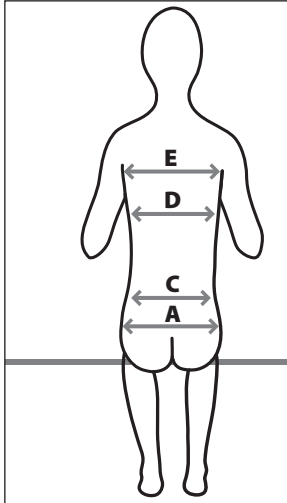
Current tissue injury? Location \_\_\_\_\_ Stage \_\_\_\_\_

History of tissue injury? Location \_\_\_\_\_ Stage \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Client Measurements**

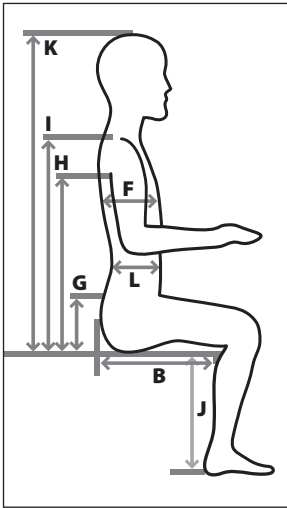
- |                                 |   |
|---------------------------------|---|
| A. Trochanters _____"           | G. Top of Iliac Crest L _____" R _____" |
| B. Leg length L _____" R _____" | H. Axilla height L _____" R _____"      |
| C. Iliac Crest _____"           | I. Top of shoulder L _____"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

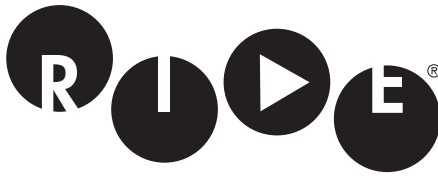


**Mobility Base Specifications**

Wheelchair Make \_\_\_\_\_ Model \_\_\_\_\_

Frame Width \_\_\_\_\_" Depth \_\_\_\_\_"





## Ride® Custom AccuSoft® Cushion from Scan Itemized Order Form - Canada Only

Client First and Last Name \_\_\_\_\_

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Ride Custom AccuSoft Cushion - Soft Select one outer cover:† <input type="checkbox"/> Outer breathable spacer fabric zip cover <b>OR</b> <input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-S	\$3212.00
	RCAC-CBZ	
	RCAC-IC	
<input type="checkbox"/> Ride Custom AccuSoft Cushion - Extra Soft Select one outer cover: † <input type="checkbox"/> Outer breathable spacer fabric zip cover <b>OR</b> <input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-XS	\$3212.00
	RCAC-CBZ	
	RCAC-IC	

**NOTE: Every cushion comes \$ 0.00 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   \$245.00**
- 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.)

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

† Additional covers available in Section 8.

**Ride® Custom AccuSoft® Cushion and Custom Back from Scan Itemized Order Form - Canada Only**

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 \$ 0.00.)

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Bevel-Cut Modification for sling seat	RCAC-BC	\$ 210.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCAC-WC003	\$ 210.00
<input type="checkbox"/> 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	\$ 664.00

**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
<input type="checkbox"/> 10" <input type="checkbox"/> 11" <input type="checkbox"/> 12" <input type="checkbox"/> 13" <input type="checkbox"/> 14" <input type="checkbox"/> 15" <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"	RCAC-____ (width)	\$ 0.00
Extra large width	RCAC-W____	\$ 217.00
<input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	(width)	
<input type="checkbox"/> Tapered width Back width _____"   Front width _____"	RCAC-CWTW	\$ 217.00

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

**4. Cushion Length**

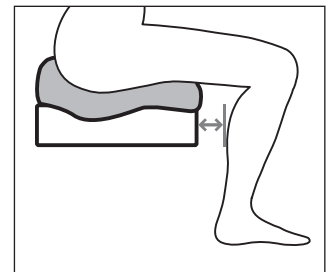
(IMPORTANT: Specify cushion length relative to front of Shape Capture Base as shown.)

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
<input type="checkbox"/> Equal to Shape Capture Base length	RCAC-CLAC	\$ 0.00
Symmetrical Length	RCAC-CLSL	\$ 0.00
<input type="checkbox"/> Add _____" to Shape Capture Base length		
<input type="checkbox"/> Subtract _____" to Shape Capture Base length		
Asymmetrical Length		\$ 210.00
LEFT	RCAC-CLALL	
<input type="checkbox"/> Equal to Shape Capture Base length		
<input type="checkbox"/> Add _____" to Shape Capture Base length		
<input type="checkbox"/> Subtract _____" to Shape Capture Base length		
RIGHT	RCAC-CLALR	
<input type="checkbox"/> Equal to Shape Capture Base length		
<input type="checkbox"/> Add _____" to Shape Capture Base length		
<input type="checkbox"/> Subtract _____" from Shape Capture Base length		

Missed this step? Indicate desired length of cushion on each side L \_\_\_\_\_" R \_\_\_\_\_"

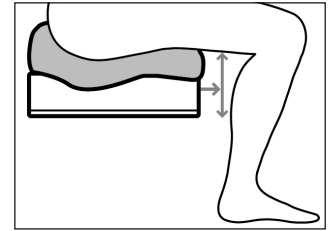


# Ride® Custom AccuSoft® Cushion and Custom Back from Scan Itemized Order Form - Canada Only

Client First and Last Name \_\_\_\_\_

## 5. Sitting Height

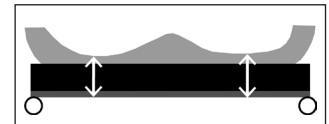
Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Targeted final front cushion height (see diagrams at right) Height: L leg _____" R leg _____" <small>NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.</small>	RCAC-SHTH	\$ 0.00
<input type="checkbox"/> As captured	RCAC-SHAC	\$ 0.00
<input type="checkbox"/> Increase overall height _____"	RCAC-SHIH	\$ 245.00
<input type="checkbox"/> As low as possible <small>Cushion height will be lowered to achieve minimum foam thickness in IT well. This may not result in lower final front cushion height.</small>	RCAC-SHDH	\$ 245.00



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
<b>**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.</b>		
<input type="checkbox"/> Ride contour** <small>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.</small>	RCAC-RC	\$ 0.00
<input type="checkbox"/> Reticulated foam well insert kit <small>For gentle support to bony prominences and to maintain a high level of microclimate management. △ ONE SIZE: Must be trimmed in field to fit</small>	RCAC-WI	\$ 77.00
<input type="checkbox"/> Full contact** <small>Cushion manufactured as captured</small>	RCAC-FC	\$ 0.00



Determine targeted front of cushion height (front view).

## 7. Thigh/Femoral Support

Item	Part Number	Mfr. Sugg. Retail Price
<b>Medial Thigh Support</b> If no selection is made, the medial thigh support will be manufactured as captured.		
<input type="checkbox"/> As captured	RCAC-MTAC	\$ 0.00
<input type="checkbox"/> Eliminate	RCAC-MTE	\$ 0.00
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-MTI	\$186.00
<input type="checkbox"/> Decrease _____"	RCAC-MTD	\$ 0.00
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-MTM	\$ 0.00

### Lateral Thigh Support

LEFT

<input type="checkbox"/> As captured	RCAC-LTAC	\$ 0.00
<input type="checkbox"/> Eliminate	RCAC-LTEL	\$ 0.00
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIL	\$186.00
<input type="checkbox"/> Decrease _____"	RCAC-LTDL	\$ 0.00
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-LTML	\$ 0.00

RIGHT

<input type="checkbox"/> As captured	RCAC-LTAC	\$ 0.00
<input type="checkbox"/> Eliminate	RCAC-LTER	\$ 0.00
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR	\$186.00
<input type="checkbox"/> Decrease _____"	RCAC-LTDR	\$ 0.00
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCAC-LTMR	\$ 0.00

<input type="checkbox"/> Lateral Thigh Support Reinforcement <small>Boosts structural integrity while using forgiving materials that help reduce the risk of injury to skin and soft tissue. (Includes right and left sides.)</small>	RCAC-RL	\$328.00
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The Lateral Thigh Support Reinforcement option removes 1/2" 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
<input type="checkbox"/> Undercut front edge 1"	RCAC-UCT	\$117.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCAC-WCFR	\$134.00

**9. Covers**

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> For the outer breathable spacer fabric zip cover included with cushion (if selected)		
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$127.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$230.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCAC-CBZA ____ (width)	\$334.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCAC-SP	\$127.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCAC-EM2	\$230.00
<input type="checkbox"/> Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	\$402.00
<input type="checkbox"/> Additional inner incontinent-resistant cover	RCAC-INICA	\$402.00

**10. Additional Custom AccuSoft Accessories/Items**

Item	Part Number	Mfr. Sugg. Retail Price	Qty
<input type="checkbox"/> 1" / 3cm Cushion Orientation Wedge (These wedges are loose. To order a built-in wedge, please see page 3.)			
<input type="checkbox"/> For 14" / 36cm cushion widths	RCAC-OW-1414	\$128.00	
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCAC-OW-1616	\$128.00	
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCAC-OW-1816	\$128.00	
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCAC-OW-2016	\$128.00	
Wedge to be used: (select one)			
<input type="checkbox"/> Outside cover			
<input type="checkbox"/> Inside cover			
If inside cover, thick edge of the wedge to be placed:			
<input type="checkbox"/> Back of cushion			
<input type="checkbox"/> Front of cushion			
<input type="checkbox"/> Left side of cushion			
<input type="checkbox"/> Right side of cushion			

<input type="checkbox"/> Ride CAM® Wedge Kit**	RCAC-WK	\$ 61.00
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**11. Growth**

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> 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.	RCAC-DGK	\$412.00

**Total:** \_\_\_\_\_

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

**Special Instructions or Comments**

NOTE: May affect price; call to request quote.

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**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.



Ride Custom Back paired with the Ride Custom AccuSoft Cushion.



# Ride® Custom Back from Scan Itemized Order Form - Canada Only

Client First and Last Name \_\_\_\_\_



► **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 <https://www.sunrisemedical.ca/order-forms> and select the appropriate Made from Measurements order form."**

DID YOU SEND  
**PHOTOS?**



**1. Ride Custom Back Type**

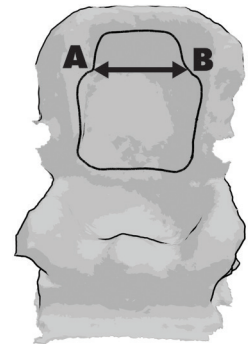
Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> <b>Ride Custom Back</b> Custom contoured seat back shell; choice of 1) ultra-breathable, 3D mesh liner, or 2) AccuSoft® foam liner; and spacer fabric cover. Note: if AccuSoft foam liner option is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB200	\$ 3395.00
<input type="checkbox"/> <b>Ride Custom Back, for Commode Back</b> Includes custom contoured seat back shell lined with 3D mesh liner and a shower-cap style cover.	RCB200-C	\$ 3395.00

**2. Ride Custom Back Size**

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Trunk width is ≤ 20"	RCB2-200R	\$ 0.00
<input type="checkbox"/> Trunk width is 21" - 24"	RCB2-200W	\$ 539.00

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.)



### 3. Ride Custom Back Hardware and Mounting

Item	Part Number	Mfr. Sugg. Retail Price
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#### Ride FlexLoc® Hardware

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

##### 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 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 bag) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

Single Set of Hardware

Double Set of Hardware

Small, mounting distance 10 - 14"

Medium, mounting distance 15 - 18"

Large, mounting distance 19 - 21"

X-Large, mounting distance 22 - 24"

Omit hardware

	Part Number	MSRP per set
	RCB2-FL-MS	\$ 695.00
	RCB2-FL-MM	\$ 695.00
	RCB2-FL-ML	\$ 695.00
	RCB2-FL-MX	\$ 695.00
	RCB2-200R-0	\$ 0.00

##### b. Select Mounting:

Clamp Mount for round back canes

Additional Mounting Clamps (pair)

NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.

Quickie Sedeo Pro Interface Bracket

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

Quickie Sedeo Pro Advanced Interface Bracket

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

• RCB2-QSIB and RCB2-QSAIB are not compatible with non-recline Sedeo Pro Seating Systems. 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. Not compatible with double FlexLoc.

• 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

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.

	RCB2-FL-MCI	\$ 0.00
	RCB2-FL-MC	\$ 351.00
	RCB2-QSIB	\$ 303.00
	RCB2-QSAIB	\$ 303.00
	RCB2-FL-MCI-P1	\$ 0.00

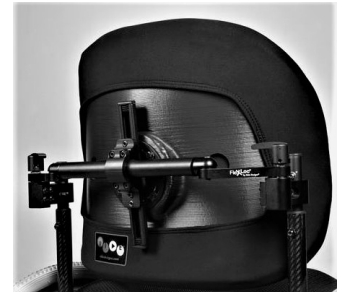
##### c. Select Attachment:

Fixed, non-removeable

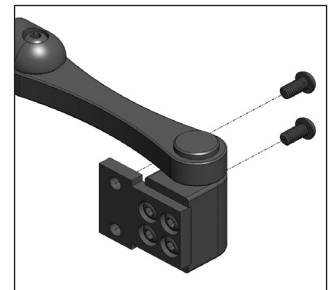
Quick Release Option

	RCB2-FL-FMI	\$ 60.00
	RCB2-FL-QR	\$ 130.00

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 on RCB200



Adapter Plate



Quick Release Option

**4. Foam Options**

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Ultra-breathable 3D mesh liner	RCB2-SML	\$ 0.00
<input type="checkbox"/> Additional layer of 3D mesh liner (increases each lateral support thickness by 1/2")	RCB2-2SML	\$ 282.00
<input type="checkbox"/> AccuSoft foam liner (increases each lateral support thickness by 1" and may result in compromise of postural correction)	RCB2-FS	\$ 252.00
For AccuSoft option, select one cover:		
<input type="checkbox"/> Spacer fabric cover	RCB2-SFC	\$ 0.00
<input type="checkbox"/> Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only.)	RCB2-IC	\$ 0.00



Ultra-breathable foam liner



AccuSoft foam liner

**5. Supplementary Padding, Reliefs, Dimensions**

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Soft Fit Half-inch thick, breathable, reticulated foam liner for a softer feel. <input type="checkbox"/> Complete back (including laterals) Increases each lateral support thickness by 1/2" and may result in compromise of postural correction. <input type="checkbox"/> Center only (excludes laterals)	RCB2-SF	\$ 595.00
<input type="checkbox"/> 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	\$ 523.00

**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	\$ 306.00
<input type="checkbox"/> Right	RCB2-ASP-R	\$ 306.00

**Extended depth lateral thoracic support**

<input type="checkbox"/> Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L	\$ 508.00
<input type="checkbox"/> Extend RIGHT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-R	\$ 508.00

— Mark reference line(s) on clear, outer shape capture bag.

**Extended height lateral thoracic support**

<input type="checkbox"/> Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L	\$ 334.00
<input type="checkbox"/> Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R	\$ 334.00

**Extended back height**

<input type="checkbox"/> Extend back height _____" above reference line. — Mark reference line(s) on clear, outer shape capture bag.	RCB2-EBH	\$ 508.00
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Reinforced lateral thoracic supports

RCB2-RLTS \$ 664.00

Note: No longer automatically required for lateral supports more than 6" deep. It is not possible to modify the width of lateral supports on the RCB200 by bending or flaring the lateral reinforcement. Width adjustments must be made by heating the back shell.

<input type="checkbox"/> Vertical back reinforcement	RCB2-RBS	\$ 490.00
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**PHOTOS??**  
JUST CHECKING.

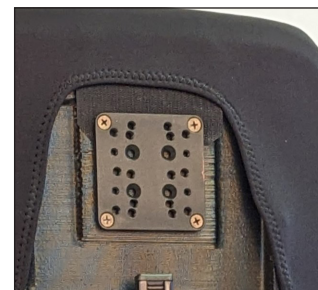
Minimum back height requirements for headrest accessory use		
Headrest Type	with Single Hardware	with Double Hardware
None	7"/0.178m	12"/0.330m
Universal Headrest Mounting Plate	11.5"/0.292m	18"/0.457m
Integrated Headrest/Accessories Mount	9.5"/0.241m	15.5"/0.394m

NOTE: Measure back height from top trimline to bottom trimline.

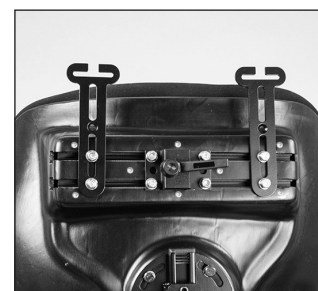
**Client First and Last Name** \_\_\_\_\_

**6. Accessories**

Item	Part Number	Mfr. Sugg. Retail Price
<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. Not compatible with Sedeo headrest mount.	RCB2-UHMP	\$ 225.00
<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. Not compatible with Sedeo headrest mount.	RCB2-AM	\$ 125.00
<input type="checkbox"/> Headrest Mount Extension Allows for clearance between the headrest post and the FlexLoc hardware Note: Must be ordered with RCB2-AM or RCB2-UHMP.	RCB2-HME	\$ 112.00
<input type="checkbox"/> 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	\$ 301.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB2-SHG	\$ 140.00
<input type="checkbox"/> Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag.	RCB2-SHGI	\$ 235.00
<b>Privacy flap</b>		
Covers gap between cushion and back support.		
<b>Size</b>		
<input type="checkbox"/> Small — fits wheelchair widths less than 14"	RCB2-PFS	\$ 229.00
<input type="checkbox"/> Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	\$ 229.00
<input type="checkbox"/> Large — fits wheelchair widths 18" and larger	RCB2-PFL	\$ 229.00
<b>Abdominal support panel</b>		
Recommended for clients with anterior pelvic tendencies.		
<b>Size</b>		
<input type="checkbox"/> Small — height 4" (two straps)	RCB2-AP-4	\$ 602.00
<input type="checkbox"/> Medium — height 6" (three straps)	RCB2-AP-6	\$ 602.00
<input type="checkbox"/> Large — height 8" (three straps)	RCB2-AP-8	\$ 602.00



Universal Headrest Mounting Plate.



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



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

**7. Covers**

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Additional breathable cover	RCB2-SFCA	\$ 567.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB2-ICA	\$ 567.00

**8. 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	\$ 756.00



Abdominal Support Panel.

