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 _____"		
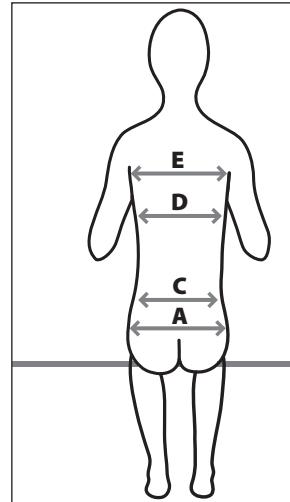
Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"
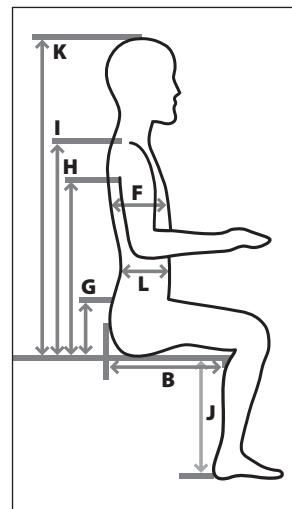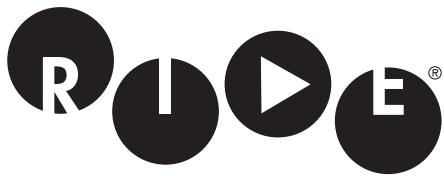
RIDE®

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

Client First and Last Name _____

Item	Part Number	Mfr. Sugg. Retail Price
❑ **Ride Custom AccuSoft Cushion - Soft**	RCAC-S	$3212.00
Select one outer cover:†		
❑ Outer breathable spacer fabric zip cover	RCAC-CBZ	
OR		
❑ Outer wipeable incontinence-resistant cover	RCAC-IC	
❑ **Ride Custom AccuSoft Cushion - Extra Soft**	RCAC-XS	$3212.00
Select one outer cover: †		
❑ Outer breathable spacer fabric zip cover	RCAC-CBZ	
OR		
❑ Outer wipeable incontinence-resistant cover	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.

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
❑ Bevel-Cut Modification for sling seat	RCAC-BC	$ 210.00
❑ Drop Seat Modification, 1" drop	RCAC-WC003	$ 210.00
❑ 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	$ 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
❑ 10" ❑ 11" ❑ 12" ❑ 13" ❑ 14" ❑ 15" ❑ 16" ❑ 17" ❑ 18" ❑ 19" ❑ 20"	RCAC-____ (width)	$ 0.00
Extra large width ❑ 21" ❑ 22" ❑ 23" ❑ 24"	RCAC-W____ (width)	$ 217.00
❑ 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
❑ Equal to Shape Capture Base length	RCAC-CLAC	$ 0.00
Symmetrical Length ❑ Add _____" to Shape Capture Base length ❑ Subtract _____" to Shape Capture Base length	RCAC-CLSL	$ 0.00
Asymmetrical Length		$ 210.00
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	
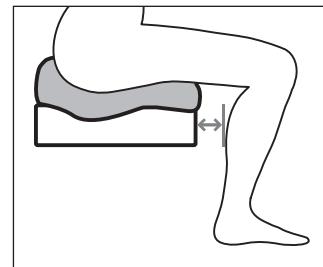
Missed this step? Indicate desired length
of cushion on each side   L _____"   R _____"

Client First and Last Name _____

5. Sitting Height

Item	Part Number	Mfr. Sugg. Retail Price
❑ Targeted final front cushion height (see diagrams at right)	RCAC-SHTH	$ 0.00

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.

Item	Part Number	Mfr. Sugg. Retail Price
❑ As captured	RCAC-SHAC	$ 0.00
❑ Increase overall height _____"	RCAC-SHIH	$ 245.00
❑ As low as possible	RCAC-SHDH	$ 245.00

Cushion height will be lowered to achieve minimum foam thickness in IT well. This may not result in lower final front cushion height.
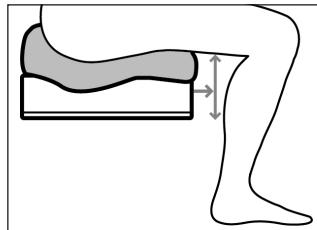
For targeted cushion height: at the projected cushion length, measure from the bottom of the shape capture base up to the underside of the leg with the feet properly positioned on the footplate(s).

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.

Item	Part Number	Mfr. Sugg. Retail Price
❑ Ride contour**	RCAC-RC	$ 0.00

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.

Item	Part Number	Mfr. Sugg. Retail Price
❑ Reticulated foam well insert kit	RCAC-WI	$ 77.00

For gentle support to bony prominences and to maintain a high level of microclimate management.
⚠ ONE SIZE: Must be trimmed in field to fit

Item	Part Number	Mfr. Sugg. Retail Price
❑ Full contact**	RCAC-FC	$ 0.00

Cushion manufactured as captured
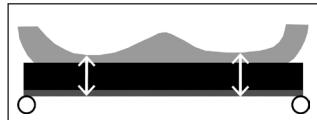
Determine targeted front of cushion height (front view).

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.

Item	Part Number	Mfr. Sugg. Retail Price
❑ As captured	RCAC-MTAC	$ 0.00
❑ Eliminate	RCAC-MTE	$ 0.00
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-MTI	$186.00
❑ Decrease _____"	RCAC-MTD	$ 0.00
❑ Decrease as marked with line on Shape Capture Bag	RCAC-MTM	$ 0.00

Lateral Thigh Support

LEFT

Item	Part Number	Mfr. Sugg. Retail Price
❑ As captured	RCAC-LTAC	$ 0.00
❑ Eliminate	RCAC-LTEL	$ 0.00
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIL	$186.00
❑ Decrease _____"	RCAC-LTDL	$ 0.00
❑ Decrease as marked with line on Shape Capture Bag	RCAC-LTML	$ 0.00

RIGHT

Item	Part Number	Mfr. Sugg. Retail Price
❑ As captured	RCAC-LTAC	$ 0.00
❑ Eliminate	RCAC-LTER	$ 0.00
❑ Increase _____" (maximum 3" total height from bottom of leg trough)	RCAC-LTIR	$186.00
❑ Decrease_____"	RCAC-LTDR	$ 0.00
❑ Decrease as marked with line on Shape Capture Bag	RCAC-LTMR	$ 0.00

Item	Part Number	Mfr. Sugg. Retail Price
❑ Lateral Thigh Support Reinforcement	RCAC-RL	$328.00

Boosts structural integrity while using forgiving materials that help reduce the risk of injury to skin and soft tissue. (Includes right and left sides.)

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.

Page 5

8. Modifications

Item	Part Number	Mfr. Sugg. Retail Price
❑ Undercut front edge 1"	RCAC-UC1	$117.00
❑ Front rigging notches _____" W x _____" D x _____" H	RCAC-WCFR	$134.00

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	$127.00
❑ Two-layer spacer fabric Soft Fit	RCAC-EM2	$230.00
❑ Additional breathable spacer fabric zip cover	RCAC-CBZA ___ (width)	$334.00
❑ Spandex layer over spacer fabric	RCAC-SP	$127.00
❑ Two-layer spacer fabric Soft Fit	RCAC-EM2	$230.00
❑ Additional outer incontinent-resistant cover Note: Only recommended for chronically incontinent clients. Does not replace inner, moisture-resistant cover.	RCAC-ICA	$402.00
❑ Additional inner incontinent-resistant cover	RCAC-INICA	$402.00

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	$128.00	
❑ For 15" / 38cm and 16" / 41cm cushion width	RCAC-OW-1616	$128.00	
❑ For 17" / 43cm and 18" / 46cm cushion widths	RCAC-OW-1816	$128.00	
❑ For 19" / 48cm and 20" / 51cm cushion widths	RCAC-OW-2016	$128.00	

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

Item	Part Number	Mfr. Sugg. Retail Price
❑ Ride CAM® Wedge Kit**	RCAC-WK	$ 61.00

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.	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 _____

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

DID YOU SEND
PHOTOS?

Client First and Last Name _____.

1. Ride Custom Back Type

Item	Part Number	Mfr. Sugg. Retail Price
☐ **Ride Custom Back** 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
☐ Ride Custom Back, for Commode Back 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
☐ Trunk width is ≤ 20"	RCB2-200R	$ 0.00
☐ 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.)
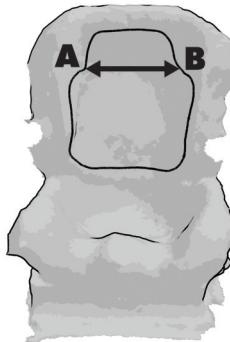
3. Ride Custom Back Hardware and Mounting

Item	Part Number	Mfr. Sugg. Retail Price

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 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.

Ride FlexLoc Hardware on RCB200

❑   Single Set of Hardware

❑   Double Set of Hardware   **MSRP per set**

Item	Part Number	Price
❑ Small, mounting distance 10 - 14"	RCB2-FL-MS	$ 695.00
❑ Medium, mounting distance 15 - 18"	RCB2-FL-MM	$ 695.00
❑ Large, mounting distance 19 - 21"	RCB2-FL-ML	$ 695.00
❑ X-Large, mounting distance 22 - 24"	RCB2-FL-MX	$ 695.00
❑ Omit hardware	RCB2-200R-0	$ 0.00

b. Select Mounting:

Item	Part Number	Price
❑ Clamp Mount for round back canes	RCB2-FL-MCI	$ 0.00
❑ Additional Mounting Clamps (pair)	RCB2-FL-MC	$ 351.00

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

Adapter Plate

❑ Quickie Sedeo Pro Interface Bracket   RCB2-QSIB $ 303.00
Mounts RCB200 to Quickie Sedeo Pro Power Seating System with recline.

❑ Quickie Sedeo Pro Advanced Interface Bracket   RCB2-QSAIB $ 303.00
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.
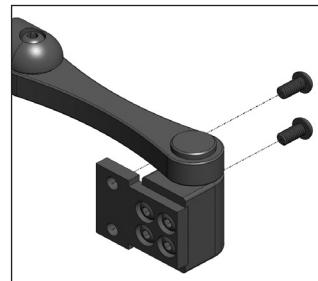
❑ FlexLoc Adapter Plate   RCB2-FL-MCI-P1 $ 0.00
For mounting to Sedeo Pro seating systems without recline, and wheelchairs without round back canes, e.g. Permobil 3G, Invacare Tilt and Recline, or general surface mounting to existing back pans. This option replaces cane clamps.

Quick Release Option

c. Select Attachment:

| Item	Part Number	Price
❑ Fixed, non-removeable	RCB2-FL-FMI	$ 0.00
❑ Quick Release Option	RCB2-FL-QR	$ 143.00

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

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4. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price
❑ Ultra-breathable 3D mesh liner	RCB2-SML	$ 0.00
❑ Additional layer of 3D mesh liner (increases each lateral support thickness by 1/2".)	RCB2-2SML	$ 282.00
❑ 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:		
❑ Spacer fabric cover	RCB2-SFC	$ 0.00
❑ 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
❑ Soft Fit Half-inch thick, breathable, reticulated foam liner for a softer feel.	RCB2-SF	$ 595.00
❑ Complete back (including laterals) Increases each lateral support thickness by ½" and may result in compromise of postural correction.		
❑ Center only (excludes laterals)		
❑ Enhanced relief Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes.	RCB2-ERFP	$ 523.00
— Draw desired location(s) and shape of relief on clear, outer shape capture bag.		
Axillary support pad Typically used for distribution of corrective forces near the axilla on concave side of scoliosis.		
❑ Left	RCB2-ASP-L	$ 306.00
❑ Right	RCB2-ASP-R	$ 306.00
Extended depth lateral thoracic support		
❑ Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L	$ 508.00
❑ 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		
❑ Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L	$ 334.00
❑ Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R	$ 334.00
Extended back height		
❑ Extend back height _____" above reference line.	RCB2-EBH	$ 508.00
— Mark reference line(s) on clear, outer shape capture bag.		
❑ 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.

Item	Part Number	Mfr. Sugg. Retail Price
❑ Vertical back reinforcement	RCB2-RBS	$ 490.00

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.

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Client First and Last Name _____

6. Accessories

Item	Part Number	Mfr. Sugg. Retail Price
☐ 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
☐ 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	$ 375.00
☐ 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
☐ 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
☐ Shoulder harness guides, pair, loose	RCB2-SHG	$ 140.00
☐ Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag.	RCB2-SHGI	$ 235.00
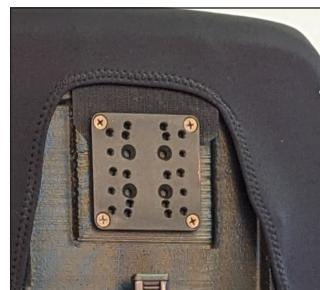
Universal Headrest Mounting Plate.
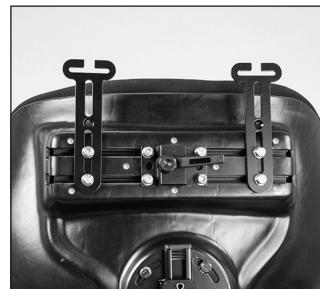
Integrated Headrest/Accessories Mount with Shoulder Harness Guides and headrest mount installed.

Privacy flap

Covers gap between cushion and back support.

Size

Item	Part Number	Mfr. Sugg. Retail Price
☐ Small — fits wheelchair widths less than 14"	RCB2-PFS	$ 229.00
☐ Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	$ 229.00
☐ Large — fits wheelchair widths 18" and larger	RCB2-PFL	$ 229.00

Abdominal support panel

Recommended for clients with anterior pelvic tendencies.

Size

Item	Part Number	Mfr. Sugg. Retail Price
☐ Small — height 4" (two straps)	RCB2-AP-4	$ 602.00
☐ Medium — height 6" (three straps)	RCB2-AP-6	$ 602.00
☐ Large — height 8" (three straps)	RCB2-AP-8	$ 602.00

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

7. Covers

Item	Part Number	Mfr. Sugg. Retail Price
☐ Additional breathable cover	RCB2-SFCA	$ 567.00
☐ Additional wipeable, incontinence-proof cover	RCB2-ICA	$ 567.00

8. 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	$ 756.00

Abdominal Support Panel.

Special Instructions or Comments

NOTE: May affect price; call to request quote.

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PHOTOS??
THEY MUST BE
HERE SOMEWHERE.

Ride Designs®
a branch of Aspen Seating, LLC

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