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[www.SunriseMedical.ca](http://www.SunriseMedical.ca)  
[www.ridedesigns.com](http://www.ridedesigns.com)

## Ride® Custom 2 Cushion and Custom Back From Scan, Itemized Order Form - Canada Only

Download this form and open in Adobe for optimum functionality

### Client's First and Last Name

Please be sure client's name is consistent on all correspondence: order forms, purchase order, etc.

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/](http://www.ridedesigns.com/order-forms/) and choose the appropriate made-from-measurements order form.

Account # \_\_\_\_\_

PO # \_\_\_\_\_

Date \_\_\_\_\_ SO# \_\_\_\_\_

SN# \_\_\_\_\_

Date of shape capture: \_\_\_\_\_

\*Internal management of personal information is HIPAA compliant.

## General Information

**Supplier** \_\_\_\_\_

Ride Certified 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. Therefore we will not drop ship to end users.

Address \_\_\_\_\_

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

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

**Referral Source**

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

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

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

**Ride® Custom 2 Cushion and Custom Back From Scan Itemized Order Form - Canada Only**

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

**Client Information**

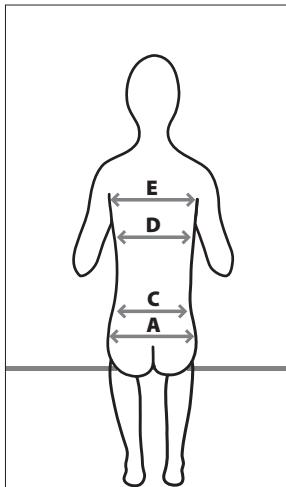
WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

Sex:  M  F Diagnosis \_\_\_\_\_

Does client have:

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

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

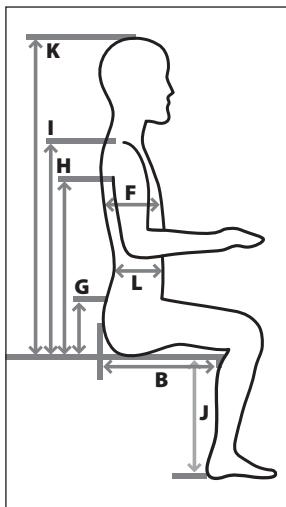
**Client Measurements**

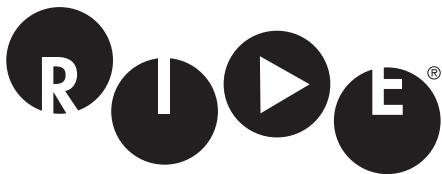
A. Trochanters	_____ "	G. Top of Iliac Crest	L_____ " R_____ "
B. Leg length	L_____ " R_____ "	H. Axilla height	L_____ " R_____ "
C. Iliac Crest	_____ "	I. Top of shoulder	L_____ " R_____ "
D. Mid-Thorax	_____ "	J. Knee to heel	_____ "
E. Axilla	_____ "	K. Top of head	_____ "
F. A-P Mid-Thorax	_____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

**Mobility Base Specifications**

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

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





## Ride® Custom 2 Cushion from Scan Itemized Order Form - Canada Only

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

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Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Ride Custom 2 Cushion Includes 2 CAM® Wedges	RCC200	\$2631.00
<input type="checkbox"/> Ride Custom 2 Cushion with commode opening and solid seat pan without cover	RCC200-C	\$2631.00

### Shape Capture Process (please check one)

Bead Bag

Indicate Shape Capture Base size used:

- Small (Blue)  Medium (White)  
 Large (Red)  None

Shape Capture Base is Wedged Up \_\_\_\_\_"

Front  Rear

Left Side  Right Side

Build wedge into cushion per simulation

RCC2-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

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### 1. 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.

**Page 3**

Continue on page 4

**RideWorks® Custom 2 Cushion and Custom Back From Scan Itemized Order Form - Canada Only**

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

**2. Foam Options**

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Standard Foam (max. weight 250 lbs.)	RCC2-SF	\$ 0.00
<input type="checkbox"/> Firm Foam (max. weight 300 lbs.)	RCC2-FF	\$ 185.00
<input type="checkbox"/> Standard Foam with front cushion reinforcement	RCC2-SF-CR	\$ 437.00
<input type="checkbox"/> Firm Foam with front cushion reinforcement	RCC2-FF-CR	\$ 657.00

**3. 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	RCC2-BC	\$ 210.00
<input type="checkbox"/> Drop Seat Modification, 1" drop	RCC2-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 modification or drop seat modification)	RCC2-CMP	\$ 664.00

**4. 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
Standard <input type="checkbox"/> 10" <input type="checkbox"/> 11" <input type="checkbox"/> 12" <input type="checkbox"/> 13" <input type="checkbox"/> 14" <input type="checkbox"/> 15" (width) <input type="checkbox"/> 16" <input type="checkbox"/> 17" <input type="checkbox"/> 18" <input type="checkbox"/> 19" <input type="checkbox"/> 20"	RCC2-_____	\$ 0.00
Extra large width: (The selection of Firm Foam RCC2-FF is strongly recommended) <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24" (width)	RCC2-W_____	\$ 217.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCC2-CWTW	\$ 217.00

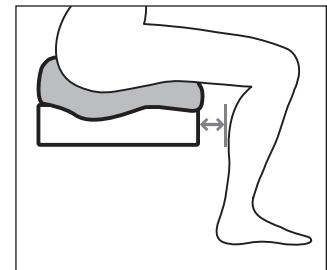
**NOTE: For cushion widths greater than 24", please call for a quote.**

**5. 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.

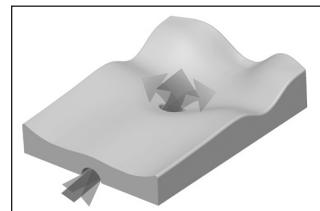
Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Equal to Shape Capture Base length	RCC2-CLAC	\$ 0.00
Symmetrical Length <input type="checkbox"/> Add _____" to Shape Capture Base length <input type="checkbox"/> Subtract _____" from Shape Capture Base length	RCC2-CLSL	\$ 0.00
Asymmetrical Length LEFT <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	RCC2-CLALL	\$ 210.00
RIGHT <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	RCC2-CLALR	

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

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

## 6. Modifications

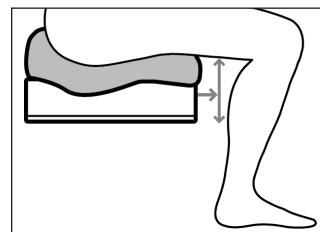
Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> 1" undercut	RCC2-UC1	\$ 117.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCC2-WCFR	\$ 134.00
<input type="checkbox"/> Ventilation channel	RCC2-VC	\$ 247.00



Custom ventilation channel helps manage heat and moisture.

## 7. 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 _____ " 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	\$ 0.00
<input type="checkbox"/> As captured	RCC2-SHAC	\$ 0.00
<input type="checkbox"/> Increase overall height _____ "	RCC2-SHIH	\$ 245.00
<input type="checkbox"/> As low as possible 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.	RCC2-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).

## 8. Cushion Contour

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> 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-OBPS	\$ 0.00
<input type="checkbox"/> Reticulated foam well insert kit For gentle support to bony prominences and to maintain a high level of microclimate management.	RCC2-WI	\$ 77.00
<b>⚠ ONE SIZE: Must be trimmed in field to fit.</b>		
<input type="checkbox"/> Full contact Cushion manufactured as captured (compromises air flow and microclimate management at bony prominences).	RCC2-FC	\$ 0.00
<b>⚠ WARNING: Full contact is not recommended for users at high risk of skin breakdown.</b>		



Determine targeted front of cushion height (front view).

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

**9. 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	RCC2-MTAC	\$ 0.00
<input type="checkbox"/> Eliminate	RCC2-MTE	\$ 0.00
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-MTI	\$ 186.00
<input type="checkbox"/> Decrease _____"	RCC2-MTD	\$ 0.00
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-MTM	\$ 0.00

**Lateral Thigh Support**

LEFT

<input type="checkbox"/> As captured	RCC2-LTAC	\$ 0.00
<input type="checkbox"/> Eliminate	RCC2-LTEL	\$ 0.00
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-LTIL	\$ 186.00
<input type="checkbox"/> Decrease _____"	RCC2-LTDL	\$ 0.00
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-LTML	\$ 0.00

RIGHT

<input type="checkbox"/> As captured	RCC2-LTAC	\$ 0.00
<input type="checkbox"/> Eliminate	RCC2-LTER	\$ 0.00
<input type="checkbox"/> Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-LTIR	\$ 186.00
<input type="checkbox"/> Decrease _____"	RCC2-LTDR	\$ 0.00
<input type="checkbox"/> Decrease as marked with line on Shape Capture Bag	RCC2-LTMR	\$ 0.00

**10. Covers**

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> One breathable spacer fabric zip cover included		\$ 0.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC2-SP	\$ 127.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC2-EM2	\$ 230.00
<input type="checkbox"/> Additional breathable spacer fabric zip cover	RCC2-CBZA _____ (width)	\$ 334.00
<input type="checkbox"/> Spandex layer over spacer fabric	RCC2-SP	\$ 127.00
<input type="checkbox"/> Two-layer spacer fabric Soft Fit	RCC2-EM2	\$ 230.00
<input type="checkbox"/> Outer incontinent resistant cover	RCC2-IC	\$ 402.00
Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric cover.		
<input type="checkbox"/> Inner incontinent resistant cover	RCC2-INICA	\$ 402.00
Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric cover.		

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

**11. Additional Custom Cushion 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)			
<input type="checkbox"/> For 14" / 36cm cushion widths	RCC2-OW-1414	\$ 128.00	
<input type="checkbox"/> For 15" / 38cm and 16" / 41cm cushion width	RCC2-OW-1616	\$ 128.00	
<input type="checkbox"/> For 17" / 43cm and 18" / 46cm cushion widths	RCC2-OW-1816	\$ 128.00	
<input type="checkbox"/> For 19" / 48cm and 20" / 51cm cushion widths	RCC2-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

<input type="checkbox"/> Ride CAM® Wedge Kit**	RCC2-WK	\$ 61.00
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**12. 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 length, and/or height only. Changes in pelvic alignment and body shape can not be accommodated through growth adjustment.	RCC2-DGK	\$ 412.00

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

**Special Instructions or Comments**

NOTE: May affect price; call to request quote.

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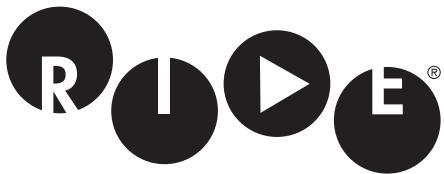


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\*\* One size fits all. Trim in field for correct fit.



## 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](mailto: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 order form.

DID YOU SEND  
**PHOTOS?**



**Ride® Custom 2 Cushion and Custom Back from Scan Itemized Order Form - Canada Only**

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

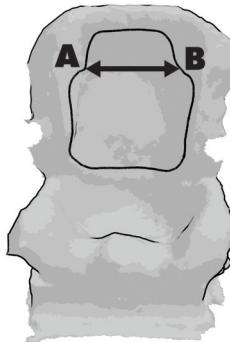
**1. Ride Custom Back Type**

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"/> 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
<input type="checkbox"/> Trunk width is $\leq$ 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.)

**Ride® Custom 2 Cushion and Custom Back from Scan Itemized Order Form - Canada Only**  
**Client First and Last Name \_\_\_\_\_**

### 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" 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



Ride FlexLoc Hardware on RCB200

##### b. Select Mounting:

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.

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

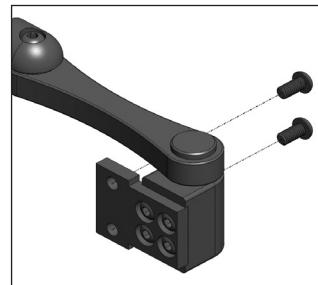
Mounts RCB200 to Quickie Sedeo Pro Advanced Power Seating System with recline.

• 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.



Adapter Plate



Quick Release Option

##### c. Select Attachment:

Fixed, non-removable 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.

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

#### 4. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Ultra-breathable 3D mesh liner	RCB2-SML	\$ 0.00
<input checked="" 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 approximately 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.	RCB2-SF	\$ 595.00
<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)		
<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.	RCB2-EBH	\$ 508.00
— Mark reference line(s) on clear, outer shape capture bag.		

<input type="checkbox"/> Reinforced lateral thoracic supports	RCB2-RLTS	\$ 664.00
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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.

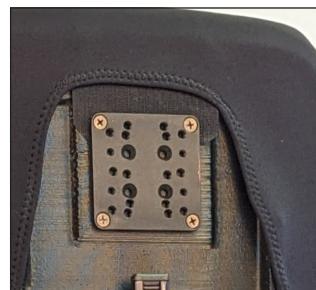
Minimum back height requirements for headrest accessory use		
Headrest Type	with Single Hardware	with Double Hardware
None	7"/0.178m	12"/0.330m
Universal Headrest Mounting Plate	11.5"/0.292m	18"/0.457m
Integrated Headrest/Accessories Mount	9.5"/0.241m	15.5"/0.394m

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	\$ 375.00
<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



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.

## Privacy flap

Covers gap between cushion and back support.

### Size

<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

## Abdominal support panel

Recommended for clients with anterior pelvic tendencies.

### Size

<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

## 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



Abdominal Support Panel.

## 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

**Ride® Custom 2 Cushion and Custom Back From Scan Itemized Order Form - Canada Only**

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

**Special Instructions or Comments**

NOTE: May affect price; call to request quote.

# PHOTOS?? THEY MUST BE HERE SOMEWHERE.



## Ride Designs®



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