



Sunrise Medical Canada Inc.
1000 Creditstone Road, Unit 2
Concord, ON L4K 4P8
Customer Service: 800.263.3390
www.SunriseMedical.ca

Ride® Custom AccuSoft Cushion and Custom Back Made from Measurements Itemized Order Form Canada

Ride Designs Certification Not Required

Download this form and open in Adobe for optimum functionality. Email completed form to cscanada@sunmed.com. Call us at 800-263-3390 with questions.

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 and a Ride Custom AccuSoft Cushion or Ride Custom 2 Cushion made from a captured shape that is scanned and submitted via the RideWorks app.

Client's First and Last Name _____

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

- ☐ Ride Custom AccuSoft® Cushion (RCAC-S/RCAC-XS)
☐ Ride Custom Back with AccuSoft Foam Liner (RCB200)

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

General Information

Supplier _____

Supplier Contact Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone # _____ Email _____

Ship to (if different from above)

NOTE: Ride Custom Systems must be delivered by the supplier and cannot be drop shipped to end users.

Address _____

City _____ Province _____ Postal Code _____

Phone # _____ Email _____

Referral Source

Facility Name _____

Clinician Name _____

Phone # _____ Email _____

Client First and Last Name _____

Client Information

*Internal management of personal information is HIPAA compliant.

Sex: ☐ M ☐ F Diagnosis _____

Height _____ Weight _____

Does client have:

☐ Current tissue injury? Location _____ Stage _____

☐ History of tissue injury? Location _____ Stage _____

Client Measurements

A. Width at Trochanters _____"

B/C. Widest point between PSIS* (B) and Axilla (C) _____"

D. PSIS* to desired top of backrest _____"

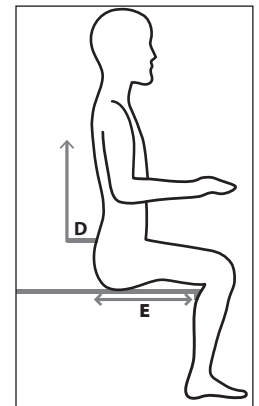
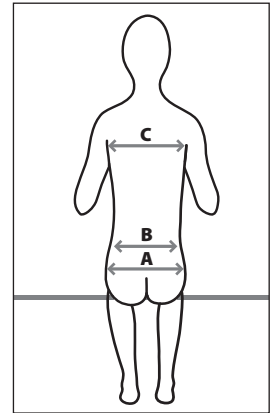
E. Leg length L _____" R _____"

*If the PSIS cannot be accurately located, the measurement can be taken at/from the client's iliac crest. The easiest way to locate the client's PSIS is by looking for two dimples on the lower back. If the dimples are not pronounced or visible, the PSIS can typically be found by first palpating the iliac crest - the curved, bony ridge at the top of the pelvis, and then follow the iliac crest posteriorly. The PSIS is the bony projection you'll find at the end of the iliac crest.

Mobility Base Specifications


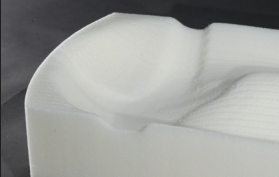

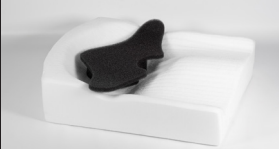

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"



Client First and Last Name _____

Glossary of Ride Terms

Term	Explanation	Image
AccuSoft®	AccuSoft refers to a Ride custom cushion, and a Ride Custom Back liner option made from high-resiliency, open-celled polyurethane foam. This foam is soft and forgiving for comfort, yet is highly durable and capable of providing optimal postural support. The term appears in the product named "Ride Custom AccuSoft Cushion" and the AccuSoft Foam Liner option for the Ride Custom Back.	
Ride Contour	Ride Contour refers to an optional 3/8" carved recess in the surface of the Ride Custom AccuSoft Cushion beneath high-risk bony areas. Rather than fully offloading the ischial tuberosities, this design somewhat redistributes loading forces toward the proximal thighs and posterior-lateral buttocks, helping to reduce pressure under the ischial tuberosities.	
Reticulated Foam	A lightweight, low-density, open-cell foam with a net-like structure. At Ride, reticulated foam is used in cushion and back accessories where softness is desired without adding density. It adds comfort without compromising contour.	
Well Insert Kit	A set of soft, reticulated foam pieces designed to be placed in the pelvic well of the Ride Custom AccuSoft Cushion, between the cushion and its cover. The inserts increase the feeling of immersion and envelopment under the ischial tuberosities, enhancing comfort for some users.	
Ride CAM Wedge Kit	CAM (Contour Adjustment Mechanism) Wedges are firm foam wedges that can be inserted into the posterior corners of a Ride custom cushion. They enhance posterior-lateral contouring, which can help accommodate a pelvic obliquity or reinforce the cushion's loading bias under the proximal thighs and posterior-lateral buttocks. One set of CAM Wedges is included with each Ride Custom AccuSoft Cushion; additional sets can be ordered if further contouring is needed.	

Client First and Last Name _____

Step 1: Measure client for Ride Custom AccuSoft Cushion

1a. Cushion Width

- To determine the desired finished width of the Custom AccuSoft Cushion, measure either the client's hip width (pg 2, measurement A) OR the width at distal thighs if the client sits with lower extremity abduction and external rotation.
- Add a minimum of 1/2" to each side to calculate desired finished cushion width.
- Select desired cushion width on page 6, section 3.



1b. Cushion Length

- To determine the desired finished length of the Custom AccuSoft Cushion, measure the distance from the client's posterior buttocks to the popliteal fossa (back of knee) (pg 2, measurement E). Measure both sides to account for leg length discrepancies.
- If a gap is needed between the back of the knee and the front of the cushion, subtract that distance from the above-measurement. (A typical gap is 1").
- Enter desired finished cushion length on page 7, section 4.

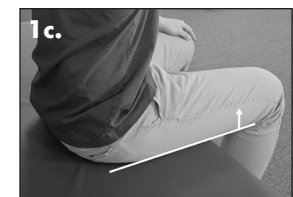
Pro Tip: Place a transfer board behind the pelvis and measure from the board forward, as shown in image 1b.



1c. Lateral Thigh Support Height

- The Custom AccuSoft Cushion made from measurements will come standard with a flat front with lateral thigh supports eliminated. The option to add lateral thigh supports up to 3" tall is available.
- To determine the desired finished lateral thigh support height on the cushion, measure both sides of the client from the underside of the thigh to the desired height of the support, to a maximum height of 3" from the bottom of the leg troughs.
- Consider the following when determining the desired finished lateral support height:
 - Client's level of tone
 - Client's tendency toward internal or external rotation
 - Client's transfer method
- Enter desired lateral thigh support heights on page 7, section 7.

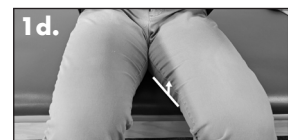
Pro Tip: If unsure of the lateral thigh support height needed, err on the side of being too tall as the cushion can be easily modified in the field.



1d. Medial Thigh Support Height

- The Custom AccuSoft Cushion made from measurements will come standard with a flat front with medial thigh support eliminated.. The option to add medial thigh support up to 3" tall is available.
- To determine the desired finished medial thigh support height on the Custom AccuSoft Cushion, measure the client from the underside of the thigh to the desired height of the support to a maximum height of 3" from the bottom of the leg troughs.
- Enter desired medial thigh support heights on page 7, section 7.

Pro Tip: If unsure of the medial thigh support height needed, err on the side of being too tall as the cushion can be easily modified in the field.



Step 2: Measure client for Ride Custom Back

2a. Back Height

- To determine the desired finished height of the Ride Custom Back, measure the distance from the client's PSIS* up to the desired finished height of the back. (Measurement D on pg 2).
 - *Ideally the bottom of the back will align with the client's PSIS, (posterior superior iliac spine), therefore measuring from the PSIS is ideal. If the PSIS cannot be accurately located, the measurement can be taken from the client's iliac crest. Consider adding up to 2" to the back height if measured from the iliac crest, unless a gap between the seat cushion and back support is desired.
 - The easiest way to locate the client's PSIS is by looking for two dimples on the lower back. If the dimples are not pronounced or visible, the PSIS can typically be found by first palpating the iliac crest - the curved, bony ridge at the top of the pelvis, and then follow the iliac crest posteriorly. The PSIS is the bony projection you'll find at the end of the iliac crest.
- Enter desired back height on page 10, section 2.



Page 4

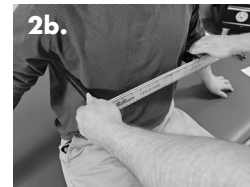
Continued on page 5

Client First and Last Name _____

Step 2: Measure client for Ride Custom Back - cont.

2b. Back Width

- Provide the desired finished back width from the **outside** of the back shell at the right lateral trunk support to the **outside** of the back shell at the left lateral trunk support.
- To determine the desired finished width of the Ride Custom Back, determine the widest point of the client's trunk between the PSIS and axilla and note that measurement. (Reference measurement B/C on pg 2.) Then, add 2" for the desired finished back width measurement.
Note: the internal width between the lateral supports will be approximately 2" narrower than the outside width. This will be a snug fit. For a slightly looser fit, add 2.5" to the client's trunk width to determine the desired finished Ride Custom Back width.
- Enter desired back width on page 10, section 2.



2c. Lateral support height

- To determine the desired heights of the top of the lateral supports on the Ride Custom Back, measure from the client's PSIS (or top of the iliac crest if unable to accurately locate the PSIS) up to the desired finished top of the lateral support, on both sides of the client's trunk.
- Enter the measurements on page 10, section 3.



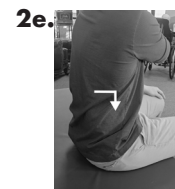
2d. Lateral trunk support depth

- To determine the desired finished depths of the lateral supports, measure the anterior/posterior (A/P) depth of the trunk at the spot on both sides where the lateral supports will be located. Subtract or add lateral support depth relative to the trunk A/P.
Note: minimum lateral trunk support depth is 3".
- Enter the measurements on page 10, section 3.



2e. Lateral support "pad" heights

- To determine how tall the lateral support pads should be on the Ride Custom Back, measure from the area on the trunk corresponding with the top of the lateral support to as far down as support will be needed. Measure both sides of the client. This can be all the way down to the bottom of the back if needed, or anywhere in between.
Note: minimum lateral trunk support pad height is 3".
- Enter the measurements on page 10, section 3.



2f. JAY® Swing-away lateral supports

- If JAY Swing-away lateral supports will be ordered instead of integrating the lateral trunk supports into the back shell, the only measurement needed will be the desired height for the top of the JAY lateral pad on the Ride Custom Back. Make this selection and enter measurements on page 10, section 4.
Note: Backs must be at least 14" wide to accommodate JAY Swing-away lateral supports.



Ride® Custom AccuSoft® Cushion Made from Measurements Itemized Order Form - Canada
Client First and Last Name _____

Step 3: Select all products, options, accessories and provide desired finished product dimensions.

1. Foam and Cover

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 OR <input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-S RCAC-CBZ RCAC-IC	\$3212.00
<input type="checkbox"/> Ride Custom AccuSoft Cushion - Extra Soft Select one outer cover: [†] <input type="checkbox"/> Outer breathable spacer fabric zip cover OR <input type="checkbox"/> Outer wipeable incontinence-resistant cover	RCAC-XS RCAC-CBZ RCAC-IC	\$3212.00

NOTE: Every cushion comes standard with an inner moisture-resistant cover.

2. Cushion/Wheelchair Interface (Flat bottom for solid seat is standard.)

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Bevel-Cut Modification for sling seat This creates an angle on the bottom edges of the cushion to accommodate the curvature of a sling seat.	RCAC-BC	\$ 210.00
<input type="checkbox"/> Drop Seat Modification, 1" drop A 1"x1" channel is cut into the bottom edge of the cushion to accommodate the wheelchair seat rails.	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
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" <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 <input type="checkbox"/> 21" <input type="checkbox"/> 22" <input type="checkbox"/> 23" <input type="checkbox"/> 24"	RCAC-W____ (width)	\$ 217.00
<input type="checkbox"/> Tapered width Back width _____" Front width _____"	RCAC-CWTW	\$ 217.00

3.



Determine desired cushion width (front view).
See page 3 for measuring instructions.

Client First and Last Name _____

4. Cushion Length

Notes: Cushion length is measured along the side of the cushion. Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Symmetrical Length _____"	RCAC-CLSL	\$ 0.00
<input type="checkbox"/> Asymmetrical Length LEFT _____" RIGHT _____"	RCAC-CLALL	\$ 210.00



4.
Determine desired cushion length (side view). See page 3 for measuring instructions.

5. Front of cushion height at lowest point of leg troughs

If no selection is made, leg height will be 3". There will be approximately 1.5" - 2" of foam in the pelvic well.

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Standard leg trough height - 3"	RCAC-SHAC	\$ 0.00
<input type="checkbox"/> As low as possible This will result in a leg height of 2.5" and 1" in the pelvic well if Ride Contour is chosen, and a leg height of 2" and 1" in the pelvic well if Full Contact is chosen.	RCAC-SHDH	\$ 245.00
<input type="checkbox"/> Specify desired leg trough height _____"	RCAC-SHTH	\$ 0.00



5.
Determine desired front of cushion height (front view).

6. Cushion Contour

****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. Can only be ordered by a Level 2 Ride Designs certified practitioner.**

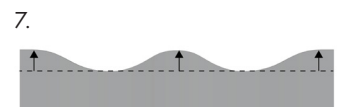
Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Ride contour** Cushion is manufactured with Ride's patented mechanism of support which reduces forces at high risk areas and provides slightly greater forces at low risk areas. NOTE: Ride contour is not available with Extra Soft Foam option.	RCAC-RC	\$ 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. △ ONE SIZE: Must be trimmed in field to fit	RCAC-WI	\$ 77.00
<input type="checkbox"/> Full contact** For a detailed look at the difference between Ride Contour and Full Contact, please visit https://ridedesigns.com/resources/#accusoft , and under Ride Custom AccuSoft Cushion, select "AccuSoft Ride Contour Explained".	RCAC-FC	\$ 0.00

7. Thigh/Femoral Support

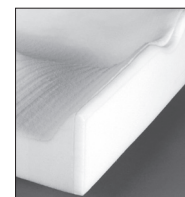
If no selection is made, medial and lateral thigh supports will be eliminated.

Item	Part Number	Mfr. Sugg. Retail Price
Medial Thigh Support		
<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
Lateral Thigh Support		
LEFT		
<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
RIGHT		
<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"/> 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.)



7.
Determine desired medial and lateral thigh support height (front view).



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.

Page 7

Continue on page 8

8. Modifications

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Undercut front edge 1"	RCAC-UC1	\$ 117.00
<input type="checkbox"/> Front rigging notches _____ " W x _____ " D x _____ " H	RCAC-WCFR	\$ 134.00
<input type="checkbox"/> Pelvic Obliquity Build-Up Right will raise right rear corner approx 1"	RCAC-OBUR	\$ 245.00
<input type="checkbox"/> Pelvic Obliquity Build-Up Left will raise left rear corner approx 1"	RCAC-OBUL	\$ 245.00

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			
<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	

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

NOTE: May affect price; call to request quote.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Ride® Custom Back Made from Measurements Itemized Order Form - Canada

Client First and Last Name _____

1. Ride Custom Back Made from Measurements

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Ride Custom Back Custom 3D printed back shell. AccuSoft® foam liner, choice of removable, washable spacer fabric cover or wipeable, incontinence-proof cover.	RCB200	\$ 3395.00
<input type="checkbox"/> AccuSoft® foam liner (automatically selected). Adds approximately 1" of thickness to inside of back shell.	RCB2-FS	\$ 252.00

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

2. Desired finished back dimensions

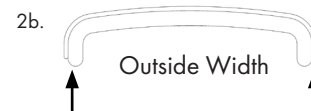
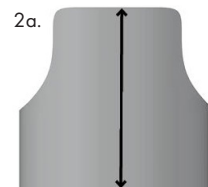
2a. Specify desired finished back height _____"

2b. Specify desired finished outside back width _____"

With foam liner, finished inside width will be approximately 2" narrower than outside width.

<input type="checkbox"/> Trunk width ≤ 20"	RCB2-200R	\$ 0.00
<input type="checkbox"/> Trunk width 21" - 24"	RCB2-200W	\$ 539.00

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



3. Desired finished lateral support dimensions

3a. Specify desired finished **lateral support height** from bottom of back to top of lateral.

For full-height lateral pads, this number should equal "tall" lateral pad measurement in step 3b.

To omit Ride laterals and order JAY® Swing-away Laterals, (requires back width of 14" or greater) please indicate "N/A" in step 3b. and check the appropriate boxes in step 4.

Height at top of lateral support client left side _____"

Height at top of lateral support client right side _____"

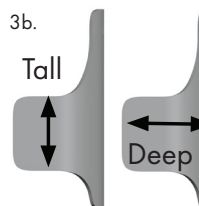
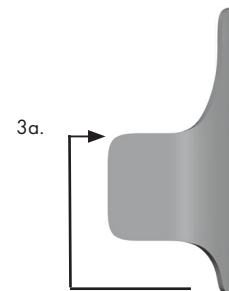
3b. Specify desired finished **lateral pad** dimensions.

To omit Ride laterals and order JAY Swing-away laterals (requires back width of 14" or greater), please indicate "N/A" in the fields in step 3b. and check the appropriate boxes in step 4.

Laterals must be a minimum 3" tall and 3" deep. For laterals more than 7" deep, lateral thoracic reinforcement must be ordered - RCB2-RLTS - page 9. Additionally, laterals more than 7" deep may need to be made taller than specified. Consider capturing and scanning a shape if laterals deeper than 7" are needed.

Client left lateral pad _____" tall x _____" deep

Client right lateral pad _____" tall x _____" deep



4. JAY® Swing-away lateral support with 6x6" pad * *

**Available on backs with width of 14" or greater. Note: selecting JAY swing-away lateral support will omit the Ride lateral support.

4a. Height at top of lateral pad client left side _____"

Height at top of lateral pad client right side _____"

<input type="checkbox"/> Jay Swingaway Lateral Support - 6x6 pad - client left	RCB2-JSALL66	\$ 716.00
<input type="checkbox"/> Jay Swingaway Lateral Support - 6x6 pad - client right	RCB2-JSALR66	\$ 716.00



Page 10

Continue on page 11

Client First and Last Name _____

5. Ride Custom Back Hardware and Mounting

Item	Part Number	Mfr. Sugg. Retail Price
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Ride FlexLoc® HardwareNOTE: 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 shape) 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

RCB2-FL-MS

RCB2-FL-MM

RCB2-FL-ML

RCB2-FL-MX

RCB2-200R-0

MSRP per set

\$ 695.00

\$ 695.00

\$ 695.00

\$ 695.00

\$ 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 only. 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 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-P1

\$ 0.00

c. Select Attachment:☐ Fixed, non-removeable☐ Quick Release Option

RCB2-FL-FMI

RCB2-FL-QR

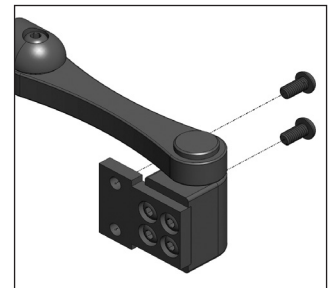
\$ 0.00

\$ 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.



Ride FlexLoc Hardware on RCB200



Adapter Plate



Quick Release Option

Client First and Last Name _____

6. Cover Options

Item	Part Number	Mfr. Sugg. Retail Price
One cover is included at no charge. Please select one of the following:		
<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
<input type="checkbox"/> Additional breathable cover	RCB2-SFCA	\$ 567.00
<input type="checkbox"/> Additional wipeable, incontinence-proof cover	RCB2-ICA	\$ 567.00



Universal Headrest Mounting Plate.

7. Supplementary Padding

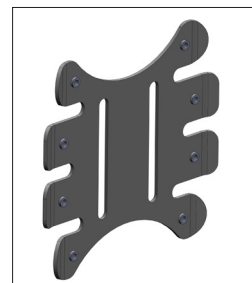
Item	Part Number	Mfr. Sugg. Retail Price
Soft Fit Half-inch thick reticulated foam on top of AccuSoft foam liner.		
<input type="checkbox"/> Complete Back, including laterals	RCB2-SF	\$595.00
<input type="checkbox"/> Center Only, exclude laterals	RCB2-SFNL	\$595.00



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

8. Accessories

Item	Part Number	Mfr. Sugg. Retail Price
<input type="checkbox"/> Universal headrest mounting plate, installed Note: Will be installed midline, top of back. 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. Must be ordered with RCB2-AM or RCB2-UHMP.	RCB2- HME	\$ 112.00
<input type="checkbox"/> Shoulder harness guides, pair, loose	RCB2-SHG	\$ 140.00
<input type="checkbox"/> Shoulder harness guides, pair, installed	RCB2-SHGI	\$ 235.00
<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"/> Reinforced lateral thoracic supports Required for laterals that are greater than 7" deep	RCB2-RLTS	\$ 664.00



Abdominal panel attachment plate.



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.

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

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

Special Instructions or Comments

NOTE: May affect price; call to request quote.

Step 4: Save completed order form and submit via email to cscanada@sunmed.com.

Thank you for your business, and have a great day!



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