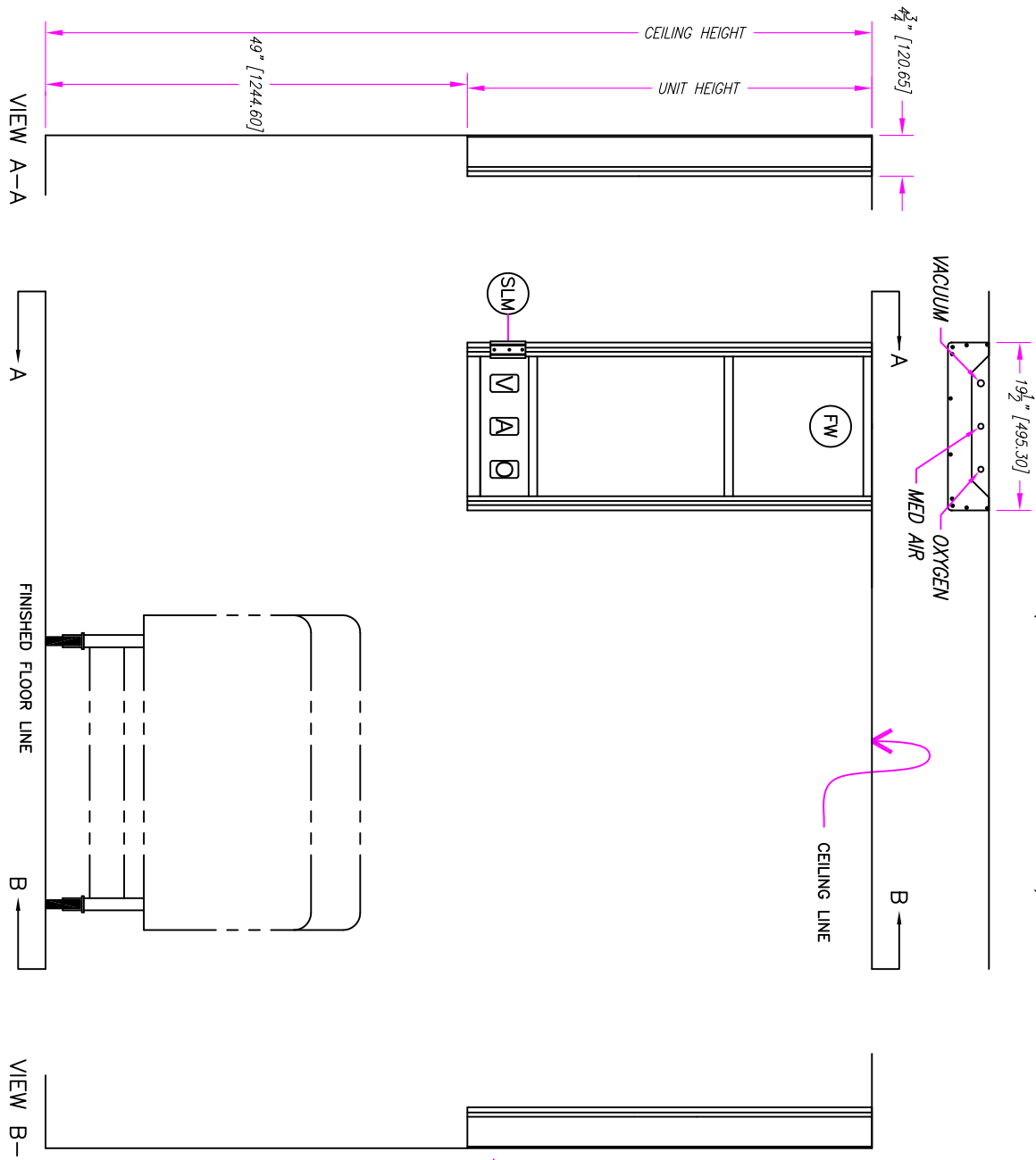


REGAL SERIES SURFACE MOUNTED 19" FLATWALL

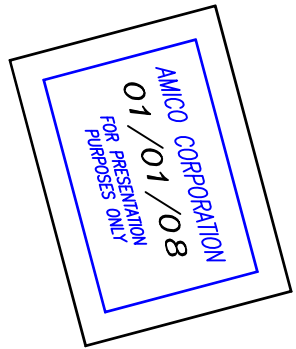
DRAWING # 15

HALF LENGTH GENERAL CARE
(M/N: FW1905-SM-GEN-P)



TYPE: _____
QUANTITY: _____

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
FW	FLATWALL, 19" WIDTH
O	GAS, OXYGEN
A	GAS, MED AIR
V	GAS, VACUUM
SLM	VACUUM SLIDE TRACK MTD.



IMPORTANT: PLEASE VERIFY THAT THE ABOVE INFORMATION IS CORRECT, AND PROVIDE THE REMAINING DETAILS.

APPROVAL - PRINT AND SIGNATURE _____ DATE _____ PHONE NO. _____

AMICO Corporation
85 Fulton Hwy, Ontario
Rexdale, ON, CANADA
L4B 2N4, CANADA
Tel: (905) 764-9800
Fax: (905) 764-9882
www.amico.com

HOSPITAL	HOSPITAL	A. NURSE CALL MFGR: _____	MODEL NO.: _____	DRWG. NO. _____
LOCATION	LOCATION	B. MEDICAL GAS MFGR.: _____	TYPE CONNECTION: _____	PRICEBOOK-18
QTY: 1	(A) TYPE _____ UNITS AS SHOWN / (B) TYPE _____ UNITS OPPOSITE	C. FINISH: _____	CEILING HEIGHT: _____	DRAWN BY: _____
				CHECKED BY: _____
				REV. NO.: _____
				DATE: _____