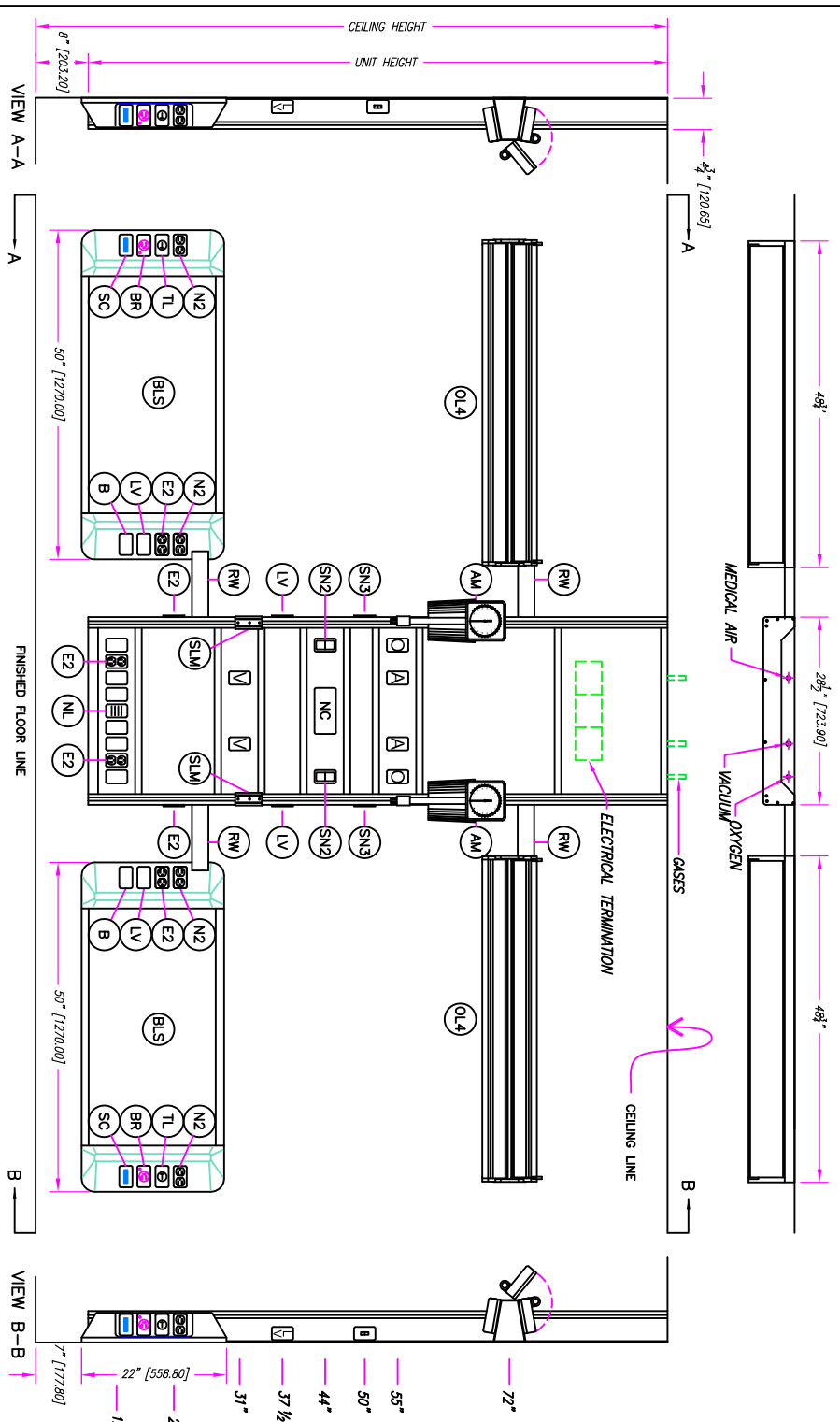


REGAL SERIES SURFACE MOUNTED 28" FLATWALL

FULL LENGTH GENERAL CARE
(M/N: FW28FL-SM-GEN-S)

DRAWING # 17



TYPE: _____
QUANTITY: _____

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
FW	1 FLATWALL, 28" WIDTH
O	2 GAS, OXYGEN
A	2 GAS, MED AIR
V	2 GAS, VACUUM
E2	4 RECEPTACLE - DUPLEX RED
SN2	2 SWITCH, S.P. S.T.
SN3	2 SWITCH, 3 POSITION L.V.
NL	1 NIGHT LIGHT
NC	1 PROVISION - NURSE CALL 3G
LV	2 PROVISION - LOW VOLTAGE 1G
SLM	2 VACUUM SLIDE, TRACK MTD.
RW	4 RACEWAY
OL4	4 OVERBED LIGHT
LVC*	2 LOW VOLTAGE CONTROLLER
AM	2 ANEROID MANOMETER w/ BSKT

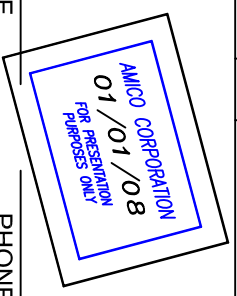
*INSTALLED IN OVERBED LIGHT BY AMICO

BED LOCATOR SYSTEM DETAILS		
SYMBOL	QTY.	DESCRIPTION
E2	1	RECEPTACLE - DUPLEX RED
N2	2	RECEPTACLE - DUPLEX IVORY
BR	1	RECEPTACLE - BED ONLY
SC	1	37 PIN CONNECTOR
LV	1	PROVISION - LOW VOLTAGE 1G
TL	1	PROVISION - TELEPHONE 1G
B	1	BLANK

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

APPROVAL - PRINT AND SIGNATURE _____

DATE _____ PHONE NO. _____



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HOSPITAL	HOSPITAL
LOCATION	LOCATION
QTY: 1	(A) TYPE _____ UNITS AS SHOWN / (B) TYPE _____ UNITS OPPOSITE

A. NURSE CALL MFGR: _____	MODEL NO.: _____	DRWG. NO. _____
B. MEDICAL GAS MFGR.: _____	TYPE CONNECTION: _____	DRAWN BY: _____
C. FINISH: _____	CEILING HEIGHT: _____	CHECKED BY: _____
		REV. NO.: _____
		DATE: _____