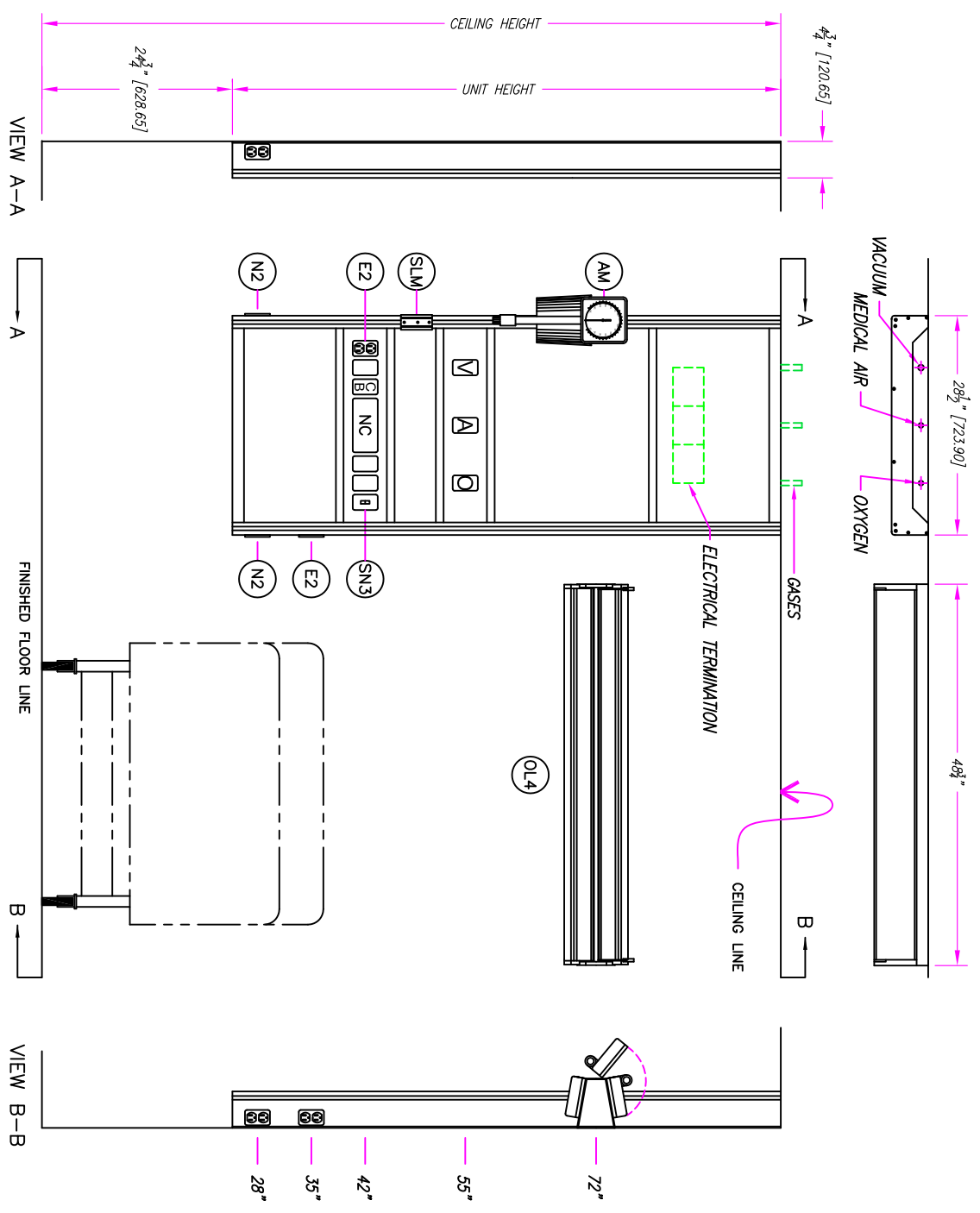


# REGAL SERIES SURFACE MOUNTED 28" FLATWALL

## THREE QUARTER LENGTH GENERAL CARE (MIN: FW2807-SM-GEN-P)

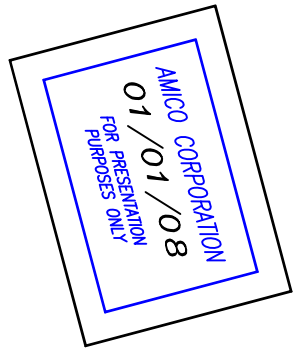
DRAWING # 18



TYPE: \_\_\_\_\_  
 QUANTITY: \_\_\_\_\_

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
FW	FLATWALL, 28" WIDTH
O	GAS, OXYGEN
A	GAS, MED AIR
V	GAS, VACUUM
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
NC	SWITCH, 3 POSITION L.V.
CB	PROVISION - NURSE CALL 3G
TL	PROVISION - CODE BLUE 1G
SLM	PROVISION - TELEPHONE 1G
OL4	VACUUM SLIDE, TRACK MTD.
LVC*	4' OVERBED LIGHT
AM	ANEROID MANDOMETER w/ BSKT

\*INSTALLED IN OVERBED LIGHT BY AMICO



**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 LOCATION	HOSPITAL LOCATION	A. NURSE CALL MFGR.:	MODEL NO.:	DRWG. NO.:
LOCATION	LOCATION	B. MEDICAL GAS MFGR.:	TYPE CONNECTION:	PRICEBOOK-21
QTY. 1	(A) TYPE _____ UNITS AS SHOWN / (B) TYPE _____ UNITS OPPOSITE	C. FINISH: _____	CEILING HEIGHT: _____	DRAWN BY:
				CHECKED BY:
				REV. NO.:
				DATE: