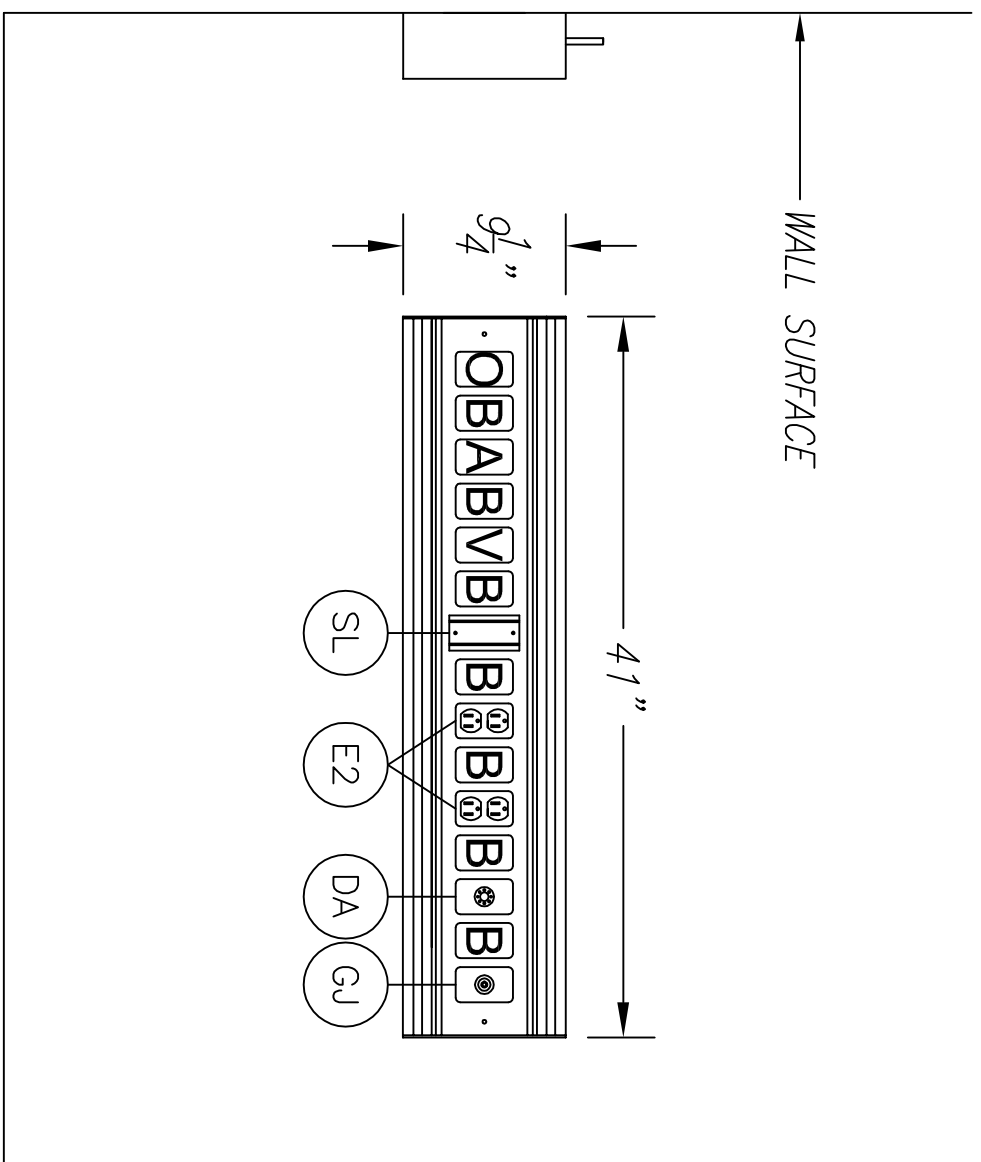


SELECT SERIES SURFACE MOUNTED CONSOLE

(M/N: E-CON-15S)



SYSTEM DETAILS		
SYMBOL	QTY.	DESCRIPTION
O	1	GAS, OXYGEN
V	1	GAS, VACUUM
A	1	GAS, MEDICAL AIR
GJ	1	GRPUND JACK RECEPTACLE
SL	1	VACUUM SLIDE
DA	1	DATA PROVISION - 1G
E2	2	DUPLEX RECEPTACLE - RED @ 125V
B	7	BLANK

- Please Specify:
- COPPER PIPES "UP" (receptacle knock-out-hip)
 - COPPER PIPES "BACK" (receptacle knock-out-back)
 - COPPER PIPES "CUT" (no receptacle knock-out)
- GAS OUTLET CONNECTION: _____

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 Way
 Richmond Hill, Ontario
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 Toll-Free: 1-877-462-6426(F)
 Fax: (905) 764-0800
 www.amico.com

HOSPITAL	A. NURSE CALL MFGR.: _____ MODEL NO.: _____	DRWG. NO.
LOCATION	B. MEDICAL GAS MFGR.: <u>AMICO</u> TYPE CONNECTION: _____	DRAWN BY: 00
QTY: (____) TYPE _____ UNITS AS SHOWN / (____) TYPE _____ UNITS OPPOSITE	C. FINISH: _____ CEILING HEIGHT: _____	CHECKED BY: CS
		REV. NO.: 00
		DATE: _____