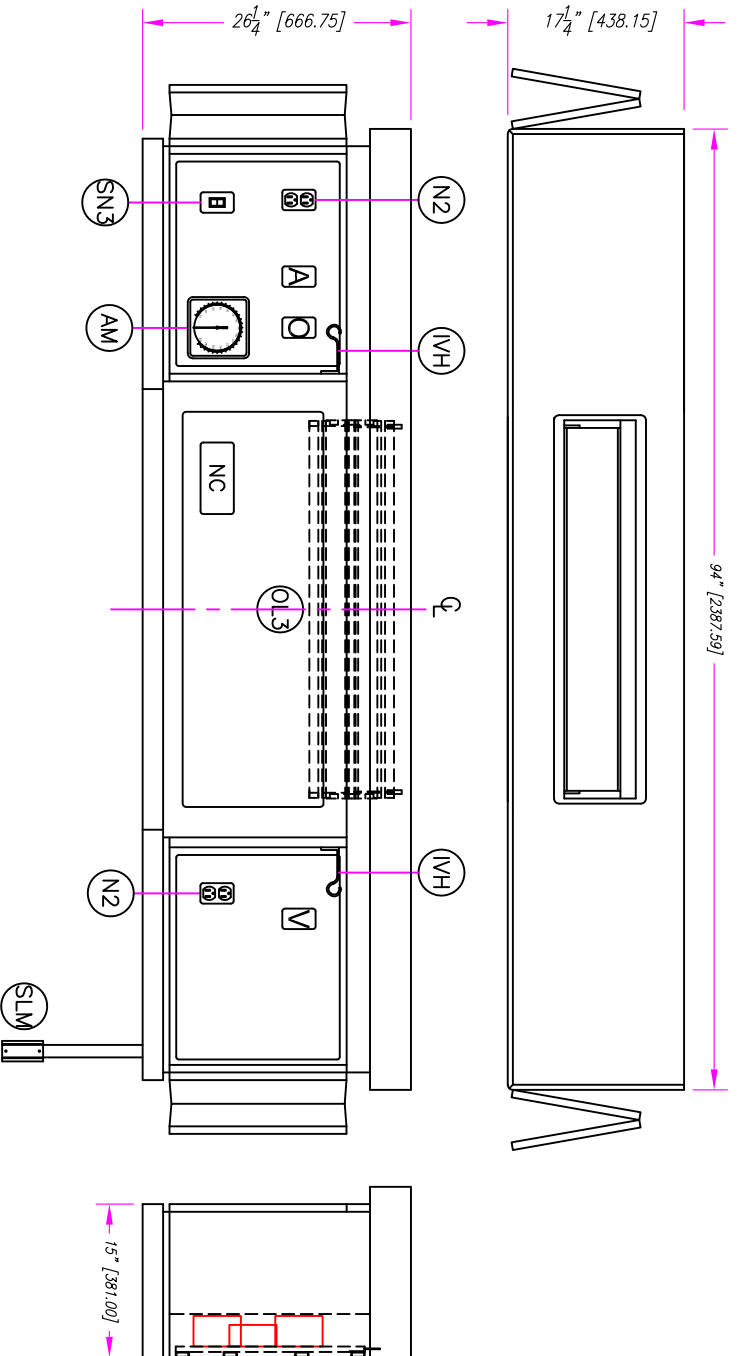


# REFLECTION SERIES LDR HEADWALL

(M/N: W-REF-ELE-LDR)

DRAWING # 55



TYPE:  
QUANTITY:

| SYSTEM DETAILS |                           |
|----------------|---------------------------|
| SYMBOL         | DESCRIPTION               |
| LDR            | AMICO LDR UNIT            |
| O              | GAS, OXYGEN               |
| A              | GAS, MED AIR              |
| V              | GAS, VACUUM               |
| N2             | RECEPTACLE - DUPLEX IVORY |
| SN3            | SWITCH, 3 POSITION L.V.   |
| NC             | PROVISION - NURSE CALL 3G |
| SLM            | VACUUM SLIDE SWIVEL MOUNT |
| Q1.3           | 3 $\phi$ OVERBED LIGHT    |
| LVC*           | LOW VOLTAGE CONTROLLER    |
| IVH            | I.V. HOOK MOUNTED         |
| AM             | ANEROID MANOMETER         |

\*INSTALLED IN LDR JUNCTION BOX BY AMICO

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

FINISHED FLOOR LINE

APPROVAL - PRINT AND SIGNATURE

DATE

PHONE NO.

**AMICO Corporation**  
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 Richmond Hill, Ontario  
 L4B 2N4, CANADA  
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 Fax: (905) 764-0982  
 www.amico.com

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

A. NURSE CALL MFGR.: \_\_\_\_\_ MODEL NO.: \_\_\_\_\_  
 B. MEDICAL GAS MFGR.: \_\_\_\_\_ TYPE CONNECTION: \_\_\_\_\_  
 C. FINISH: \_\_\_\_\_ CEILING HEIGHT: \_\_\_\_\_

DRWG. NO. \_\_\_\_\_  
 PRICEBOOK-59  
 DRAWN BY: \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_  
 REV. NO.: \_\_\_\_\_  
 DATE: \_\_\_\_\_

