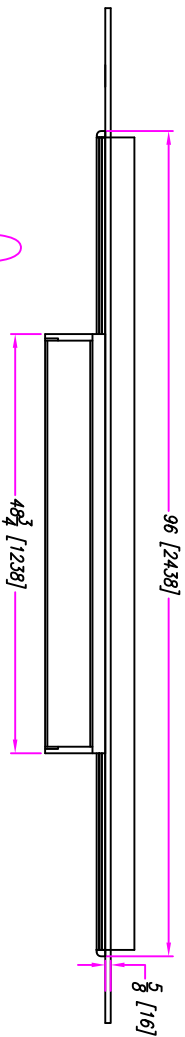


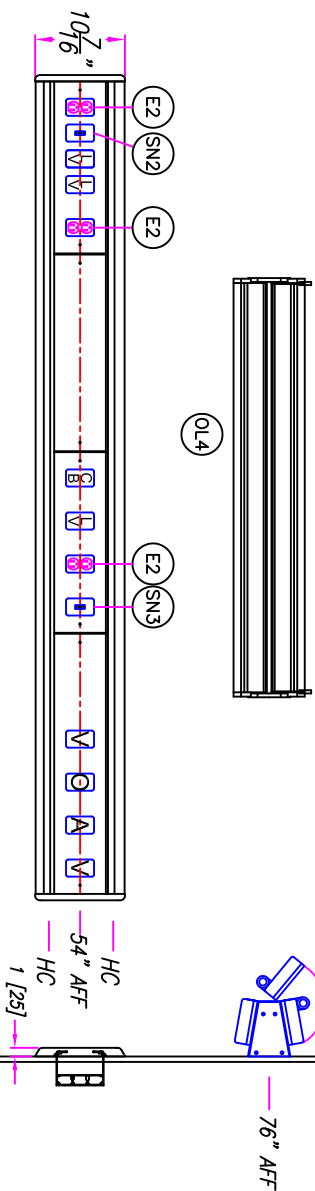
# RECESSED MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING # 44

SINGLE TIER with OVERBED LIGHT  
(M/N: HW00-01T-P-R096)



CEILING LINE



FINISHED FLOOR LINE

TYPE:  
QUANTITY:

SYMBOL	QTY	DESCRIPTION PER SIDE
HC	2	HORIZONTAL CHANNEL
O	2	GAS, OXYGEN
A	2	GAS, AIR
V	2	GAS, VACUUM
E2	3	DUPLEX RECEPTACLE - RED
SN2	1	SWITCH KIT - 3 WAY
SN3	1	SWITCH KIT - 3 POS'N MOMENTARY
CB	1	PROVISION - CODE BLUE 1G
LV	3	PROVISION - LOW VOLTAGE 1G
OL4	1	4' OVERBED LIGHT
LVC*	1	LOW VOLTAGE CONTROLLER

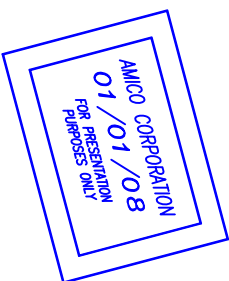
\*INSTALLED IN OVERBED LIGHT BY AMICO

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

APPROVAL - PRINT AND SIGNATURE

DATE

PHONE NO.



**AMICO** Corporation  
85 Fulton Way  
Richmond Hill, Ontario  
L4B 2N4, CANADA  
Tel: (905) 764-0800  
Toll-Free: 1-877-482-6428 (T)  
1-866-440-4986 (F)  
Fax: (905) 764-0862  
www.amico.com

HOSPITAL LOCATION: HOSPITAL LOCATION

QTY: 1 ( ) TYPE UNITS AS SHOWN / ( ) TYPE UNITS OPPOSITE

A. NURSE CALL MFR: \_\_\_\_\_ MODEL NO.: \_\_\_\_\_

B. MEDICAL GAS MFR: \_\_\_\_\_ TYPE CONNECTION: \_\_\_\_\_

C. FINISH: \_\_\_\_\_ CEILING HEIGHT: \_\_\_\_\_

DRWG. NO. PRICEBOOK-47

DRAWN BY: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

REV. NO.: \_\_\_\_\_

DATE: \_\_\_\_\_