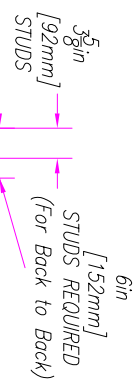
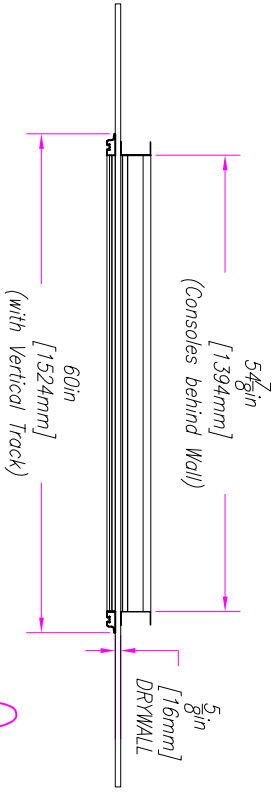


RECESSED MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

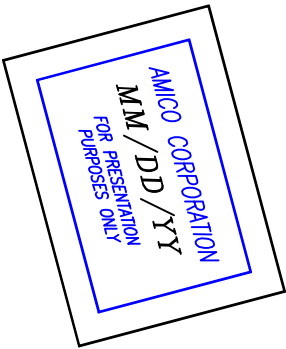
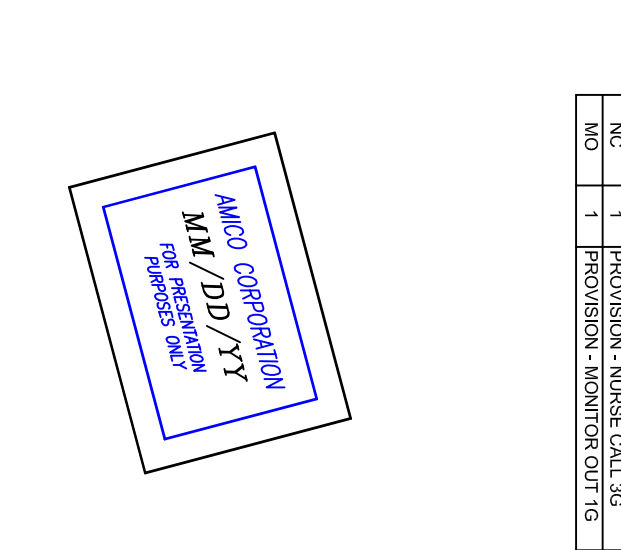
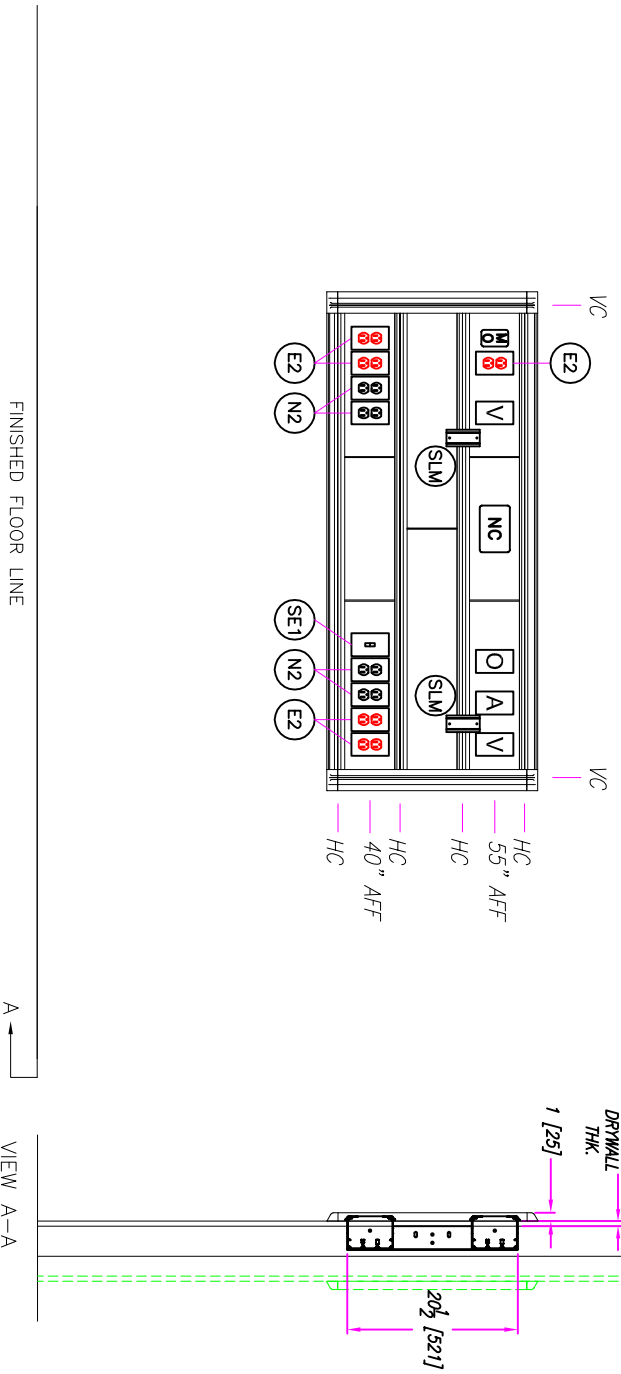
DRAWING #0X

TWO TIER
(M/N: HW00-02T-P-R060)



TYPE: _____
 QUANTITY: _____
 IF MIRRORED UNITS ARE REQUIRED, THE CUSTOMER MUST INDICATE THE QUANTITY OF UNITS BELOW AND AMICO WILL PROVIDE A SEPARATE DRAWING SHOWING THE MIRRORED LAY OUT AND QUANTITY
 QUANTITY MIRRORED: _____

SYSTEM DETAILS	
SYMBOL	QTY. DESCRIPTION
HC	4 HORIZONTAL EQUIP. TRACK
VC	2 VERTICAL EQUIP. TRACK
O	1 AMICO GAS OUTLET, OXYGEN
A	1 AMICO GAS OUTLET, MED AIR
V	2 AMICO GAS OUTLET, VACUUM
E2	5 RECEPTACLE - DUPLEX RED
N2	3 RECEPTACLE - DUPLEX IVORY
SE1	1 SWITCH - S.P.S.T. - RED
NC	1 PROVISION - NURSE CALL 3G
MO	1 PROVISION - MONITOR OUT TIG



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

APPROVAL - PRINT AND SIGNATURE _____ DATE _____ PHONE NO. _____

Amico
 www.amico.com
 85 Fulson Way
 Richmond Hill, Ontario
 L4B 2N4, CANADA
 Toll-Free: 1-877-482-6426(T)
 Tel: (905) 764-0800
 Fax: (905) 764-0822

HOSPITAL	HOSPITAL	A. NURSE CALL MFGR:	MODEL NO.:
LOCATION	LOCATION	B. MEDICAL GAS MFGR.:	TYPE CONNECTION:
QTY. X	UNITS AS SHOWN	C. FINISH:	CEILING HEIGHT:
DRWS. NO. YNAMD-XXXX	DRWN BY: XX	CHD BY: XX	REV NO. 00
DATE/M/D/Y			