

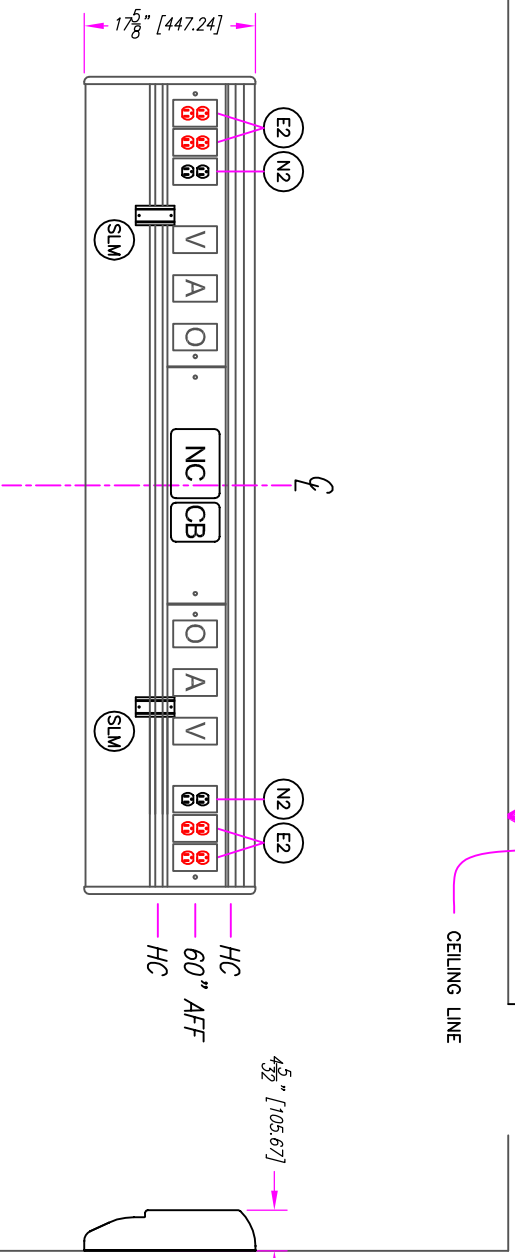
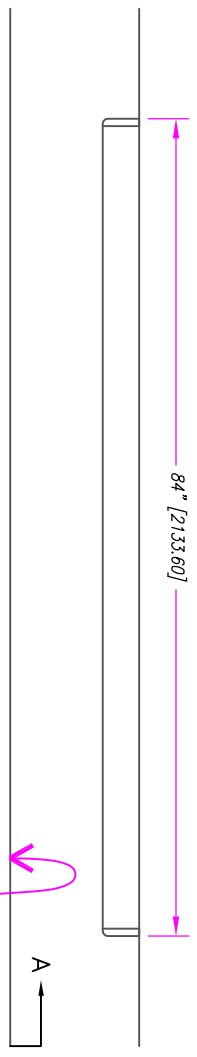
MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

SINGLE TIER with NO CHASE
(M/N: HW00-01T-P-M074)

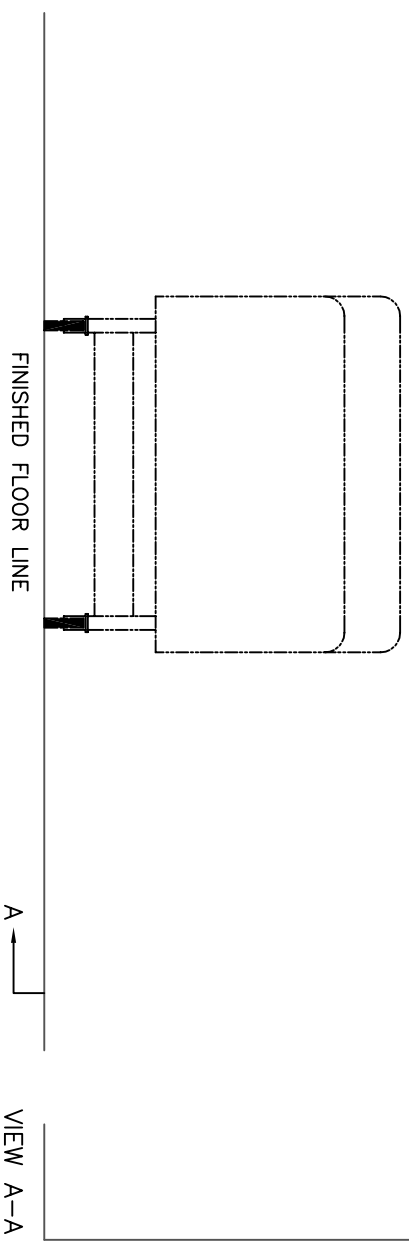
DRAWING #0X

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	2	HORIZONTAL EQUIP. TRACK
O	2	AMICO GAS. OXYGEN
A	2	AMICO GAS. MED AIR
V	2	AMICO GAS. VACUUM
E2	4	RECEPTACLE - DUPLEX RED
N2	2	RECEPTACLE - DUPLEX IVORY
NC	1	PROVISION - NURSE CALL 3G
CB	1	PROVISION - CODE BLUE 1G
SLM	2	VACUUM SLIDE, TRACK MTD.

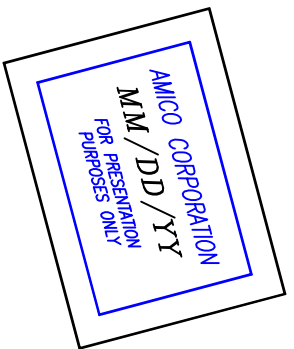


IMPORTANT: PLEASE VERIFY THAT THE ABOVE INFORMATION IS CORRECT, AND PROVIDE THE REMAINING DETAILS.

APPROVAL - PRINT AND SIGNATURE _____

DATE _____

PHONE NO. _____



Amico
85 Fulton Way,
Rehoboth MA, Ontario
L4B 2N4, CANADA
Tel: (905) 877-462-6428 (T)
Toll-Free: 1-877-462-6428 (F)
Fax: (905) 764-0900
www.amico.com

HOSPITAL	HOSPITAL	A. NURSE CALL MFR: _____	MODEL NO.: _____	DRWG. NO. _____
LOCATION	LOCATION	B. MEDICAL GAS MFR: _____	TYPE CONNECTION: _____	DRAWN BY: XX
QTY. X	UNITS AS SHOWN	C. FINISH: _____	CEILING HEIGHT: _____	CHECKED BY: XX
				REV. NO. 00
				DATE: MM/DD/YY