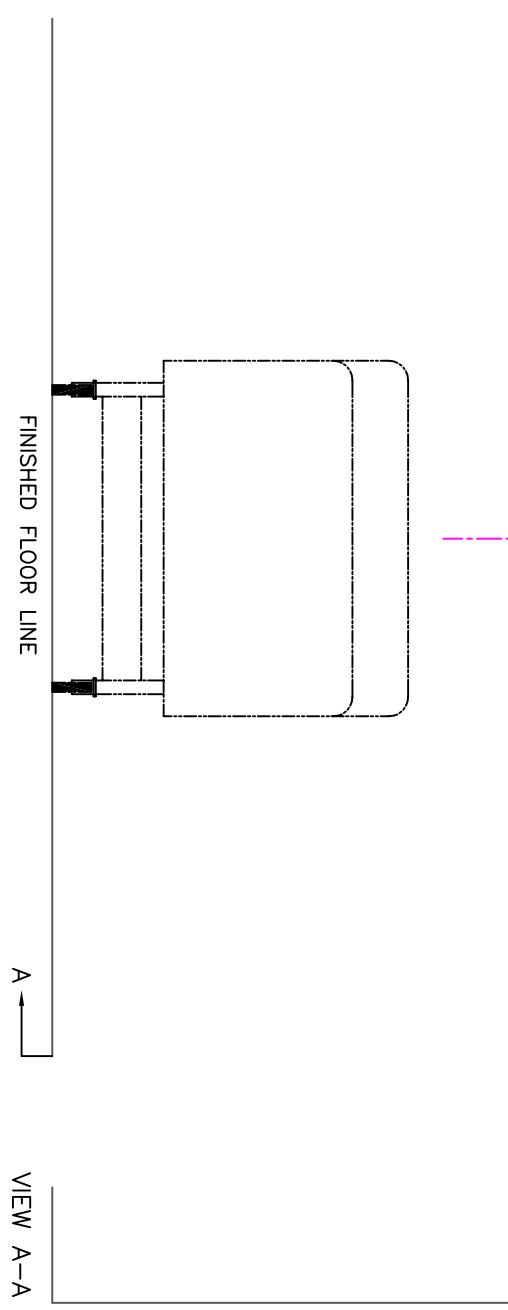
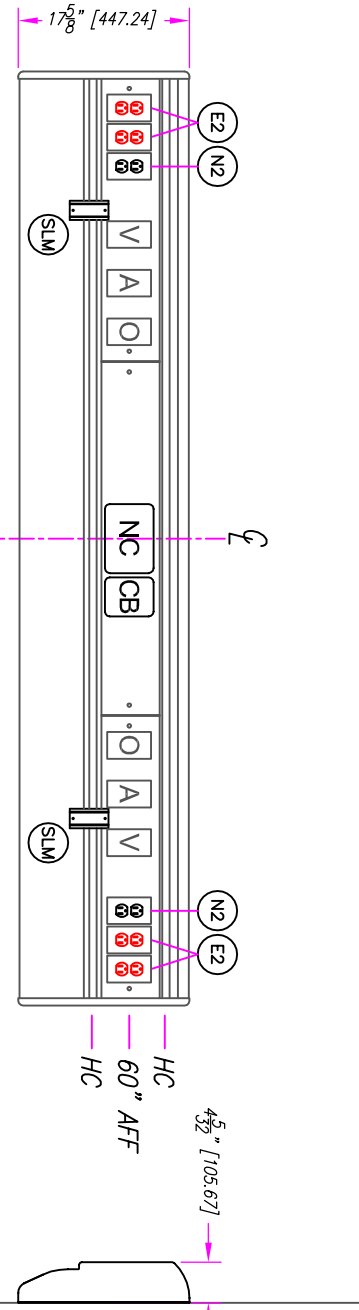
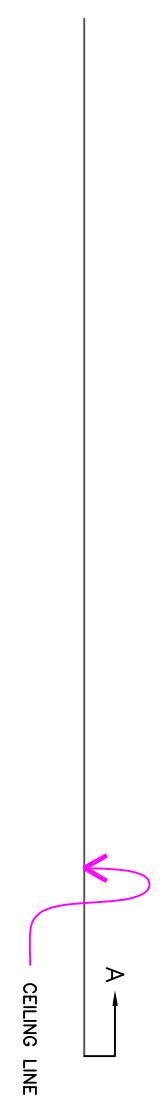
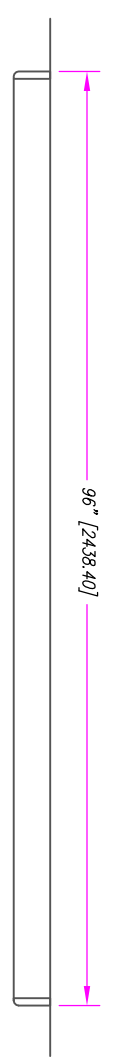


MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

SINGLE TIER with NO CHASE
(M/N: HW00-01T-P-M096)

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. _____



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 Fax: (905) 764-0982
 www.amico.com

HOSPITAL	HOSPITAL	A. NURSE CALL MFR:	MODEL NO.:	DRWG. NO. XX
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