

PLEASE SPECIFY (IF NOT SPECIFIED AMICO WILL PROVIDE DEFAULTS LISTED BELOW):

STUD LENGTH (12'-0"):
 STUD SIZE (3/8" TYP.):
 STUD GAUGE: #16 TYP.
 WALL THICKNESS (5/8" TYP.):

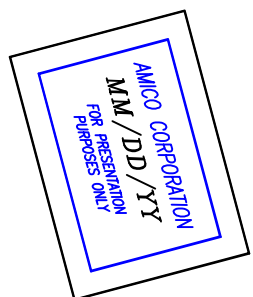
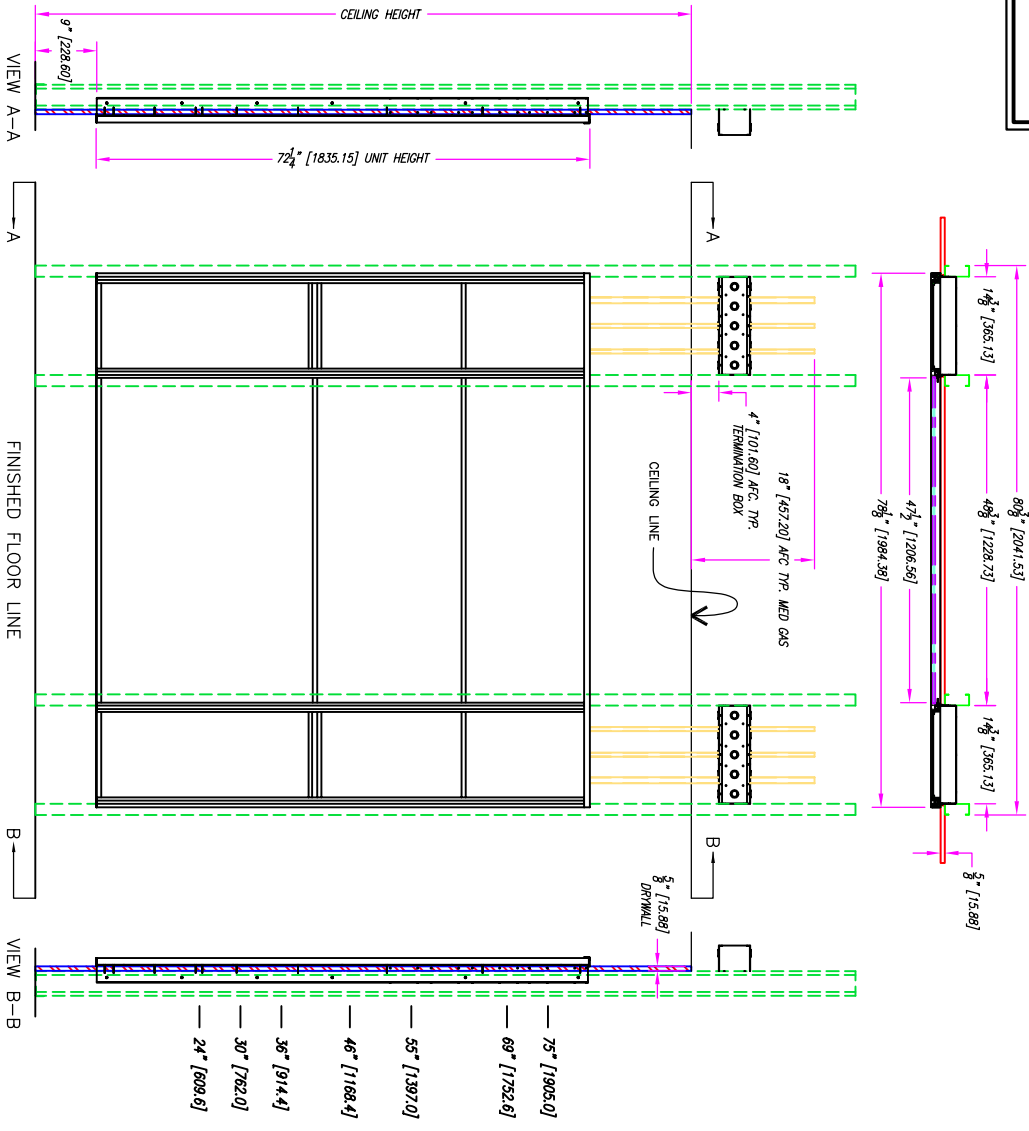
FREEDOM SERIES RECESSED 14" PANEL WALL

FULL LENGTH GENERAL CARE
 (M/N: FW1448-PR-GEN-P)

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	DESCRIPTION
PR	1 PANEL WALL
O	X AMICO GAS OUTLET, OXYGEN
A	X AMICO GAS OUTLET, MED AIR
V	X AMICO GAS OUTLET, VACUUM
E2	X RECEPTACLE - DUPLEX RED
N2	X RECEPTACLE - DUPLEX IVORY
TL	X PROVISION - TELEPHONE 1G
	X BLANK PLATE
	2 STUD ASSEMBLY



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

APPROVAL SIGNATURE _____ DATE _____ PHONE NO. _____

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HOSPITAL LOCATION	HOSPITAL LOCATION	A. NURSE CALL MFR:	MODEL NO.:	DRNG. NO.
UNITS AS SHOWN	UNITS AS SHOWN	B. MEDICAL GAS MFR:	TYPE CONNECTION:	MADDY--00
QTY: X	QTY: X	C. FINISH:	CEILING HEIGHT:	DRAWN BY:
				CHECKED BY:
				REV. NO.: 00
				DATE: