

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

STUD LENGTH (12'-0"):

STUD SIZE ( $3\frac{5}{8}$ " TYP.):

STUD GAUGE: #16 TYP.

WALL THICKNESS ( $\frac{5}{8}$ " TYP.):

# REGAL SERIES RECESSED 24" FLATWALL

## EXTENDED LENGTH GENERAL CARE - W/ STUD SINGLE SIDE

(M/N: FW2407-DR-GEN-P)

DRAWING # 0X



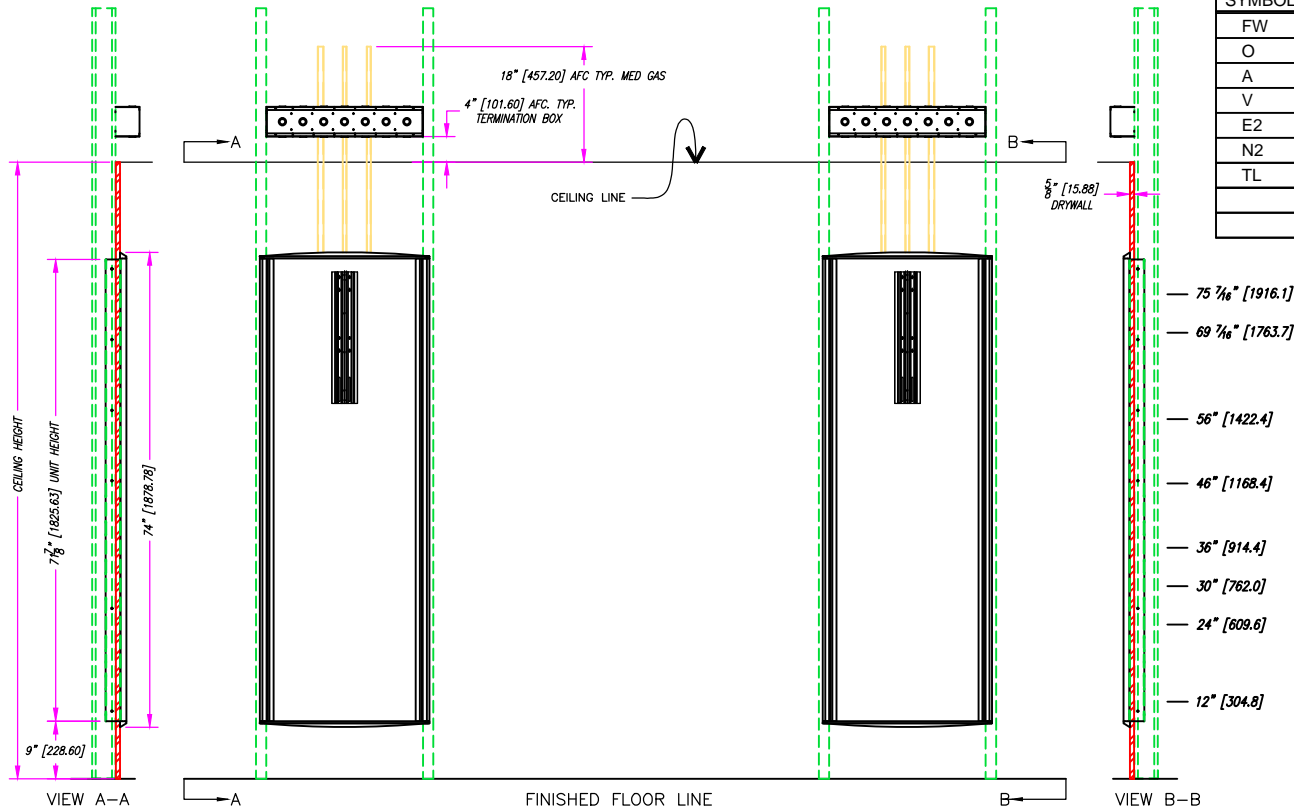
TYPE:  
QUANTITY:

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	QTY.	DESCRIPTION
FW	1	FLATWALL, 24" WIDTH
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



AMICO CORPORATION  
MM/DD/YY  
FOR PRESENTATION  
PURPOSES ONLY

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

APPROVAL SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_

85 Fulton Way  
Richmond Hill, Ontario  
L4B 2N4, CANADA  
Toll-Free: 1-877-462-6426(T)  
1-866-440-4986(F)  
Tel: (905) 764-0800  
Fax: (905) 764-0862  
www.amico.com

HOSPITAL	HOSPITAL
LOCATION	LOCATION
QTY.	UNITS AS SHOWN

A. NURSE CALL MFGR: _____	MODEL NO.: _____
B. MEDICAL GAS MFGR.: _____	TYPE CONNECTION: _____
C. FINISH: _____	CEILING HEIGHT: _____

DRWG. NO.	MMDDYY-XXX
DRAWN BY:	
CHECKED BY:	
REV. NO.: 00	
DATE:	