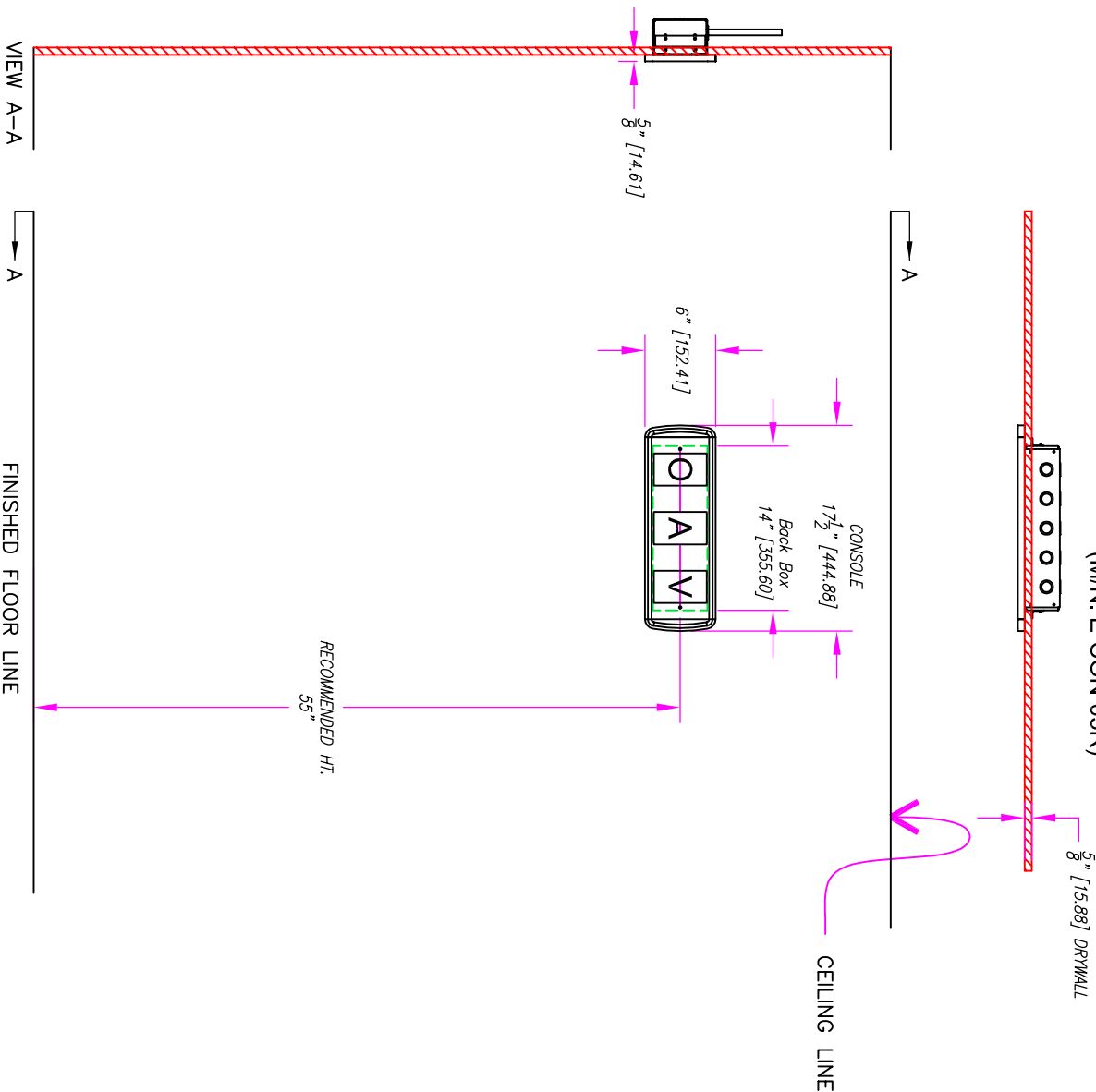


SELECT SERIES RECESSED WALL CONSOLE

DRAWING # 0X

(M/N: E-CON-05R)



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 |
|--------|------|---------------------------|
| O | 1 | AMICO GAS OUTLET, OXYGEN |
| A | 1 | AMICO GAS OUTLET, MED AIR |
| V | 1 | AMICO GAS OUTLET, VACUUM |

NOTE:

1. PUNCH OUT CENTRE TO CENTRE IS 2 1/2"
2. BACK BOX WILL INCORPORATE 1/2" AND 3/8" KNOCKOUTS ON TOP AND BOTTOM. BACK BOX IS PROVIDED WITH ADJUSTABLE FLANGES TO ACCOMMODATE VARIOUS WALL THICKNESS.
3. FASCIA WILL BE EXTRUDED ANODIZED ALUMINUM.



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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85 Fulton Way,
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Tel: (905) 877-462-6428 (T)
Toll-Free: 1-877-462-6428 (T)
Fax: (905) 764-0960
www.amico.com

| HOSPITAL | HOSPITAL NAME | MODEL NO.: | DRWG. NO.: |
|----------|----------------|------------------------|----------------|
| LOCATION | LOCATION | A. NURSE CALL MFGR.: | MMDDYY-XXXX |
| QTY. X | UNITS AS SHOWN | B. MEDICAL GAS MFGR.: | DRAWN BY: XX |
| | | C. FINISH: SEE NOTE #3 | CHECKED BY: XX |
| | | CEILING HEIGHT: _____ | DATE: MM/DD/YY |