

SERENITY SERIES SURFACE MOUNTED PANEL WALL

FULL LENGTH GENERAL CARE
(M/N: SFW1948-CPO)

DRAWING # XX

TYPE:

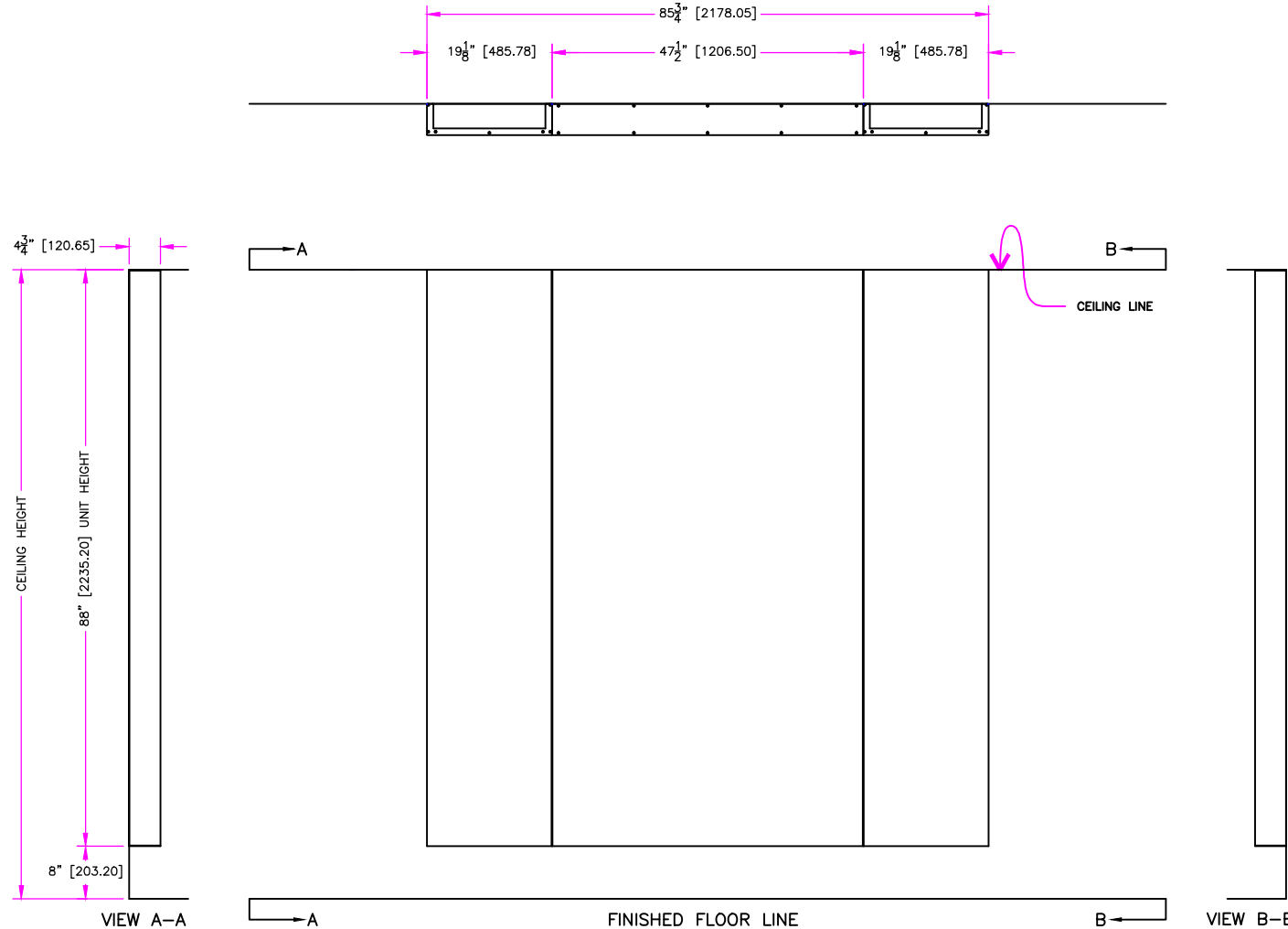
QUANTITY:

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
PS	1	PANEL WALL
O	X	AMICO GAS, OXYGEN
A	X	AMICO GAS, MED AIR
V	X	AMICO GAS, VACUUM
E2	X	RECEPTACLE - DUPLEX RED
N2	X	RECEPTACLE - DUPLEX IVORY
SL3	X	SWITCH - MOMENTARY
NL	X	NIGHT LIGHT
NC	X	PROVISION - NURSE CALL 3G
LV	X	PROVISION - LOW VOLTAGE 1G
SLM	X	VACUUM SLIDE, ON TRACK



60" [1524.0]

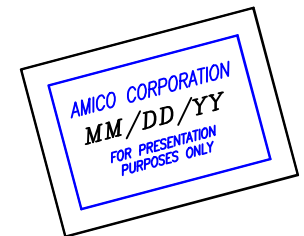
48" [1219.2]

30" [762.0]

24" [609.6]

18" [457.2]

12" [304.8]



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