

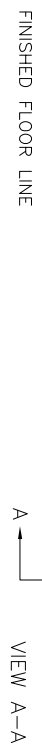
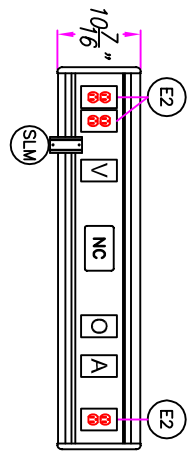
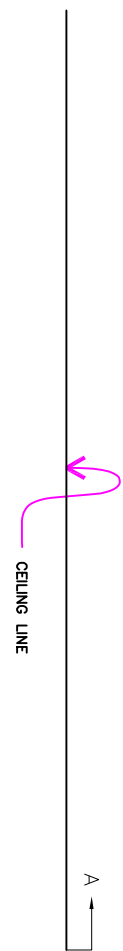
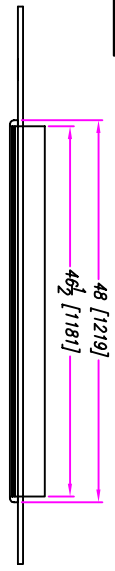
PLEASE SPECIFY (IF NOT SPECIFIED AMICO WILL PROVIDE DEFAULTS LISTED BELOW):

STUD SIZE (3/8" TYP.):
 STUD GAUGE (#16 TYP.):
 WALL THICKNESS (3/8" TYP.):

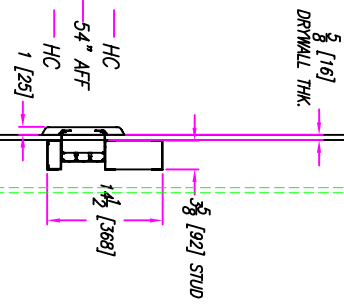
RECESSED MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

SINGLE TIER
 (M/N: HW00-01T-P-R048)

DRAWING #0X

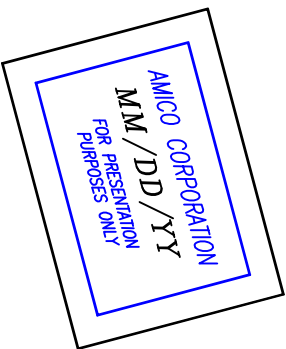


6in [152mm]
 STUDS REQUIRED (For Back to Back)



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

SYSTEM DETAILS		
SYMBOL	QTY	DESCRIPTION
HC	2	HORIZONTAL CHANNEL
O	2	AMICO GAS OUTLET, OXYGEN
A	2	AMICO GAS OUTLET, MED AIR
V	2	AMICO GAS OUTLET, VACUUM
E2	3	DUPLEX RECEPTACLE - RED
SN1	1	SWITCH KIT - S.P.S.T. - IVORY
SL3	1	SWITCH KIT - MOMENTARY - IVORY
NC	1	PROVISION - NURSE CALL 3G
CB	1	PROVISION - CODE BLUE 1G
LV	2	PROVISION - LOW VOLTAGE 1G
SLM	2	VACUUM SLIDE
	1	STUD ASSEMBLY



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

APPROVAL - PRINT AND SIGNATURE

DATE

PHONE NO.

Amico
 www.amico.com
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 Richmond Hill, Ontario
 L4B 2N4, CANADA
 Toll-Free: 1-877-482-6426(T)
 1-866-440-4986(F)
 Tel: (905) 764-0800
 Fax: (905) 764-0862

HOSPITAL	HOSPITAL
LOCATION	LOCATION
QTY	UNITS AS SHOWN

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

DRWG. NO.	YYMMDD-XXXX
DRAWN BY:	XX
CHECKED BY:	XX
REV. NO.:	00
DATE:	MM/DD/YY