

# RECESSED MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM SINGLE TIER (M/N: HW00-01T-P-R96)

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

STUD SIZE (3/8" TYP.):

STUD GAUGE (#16 TYP.):

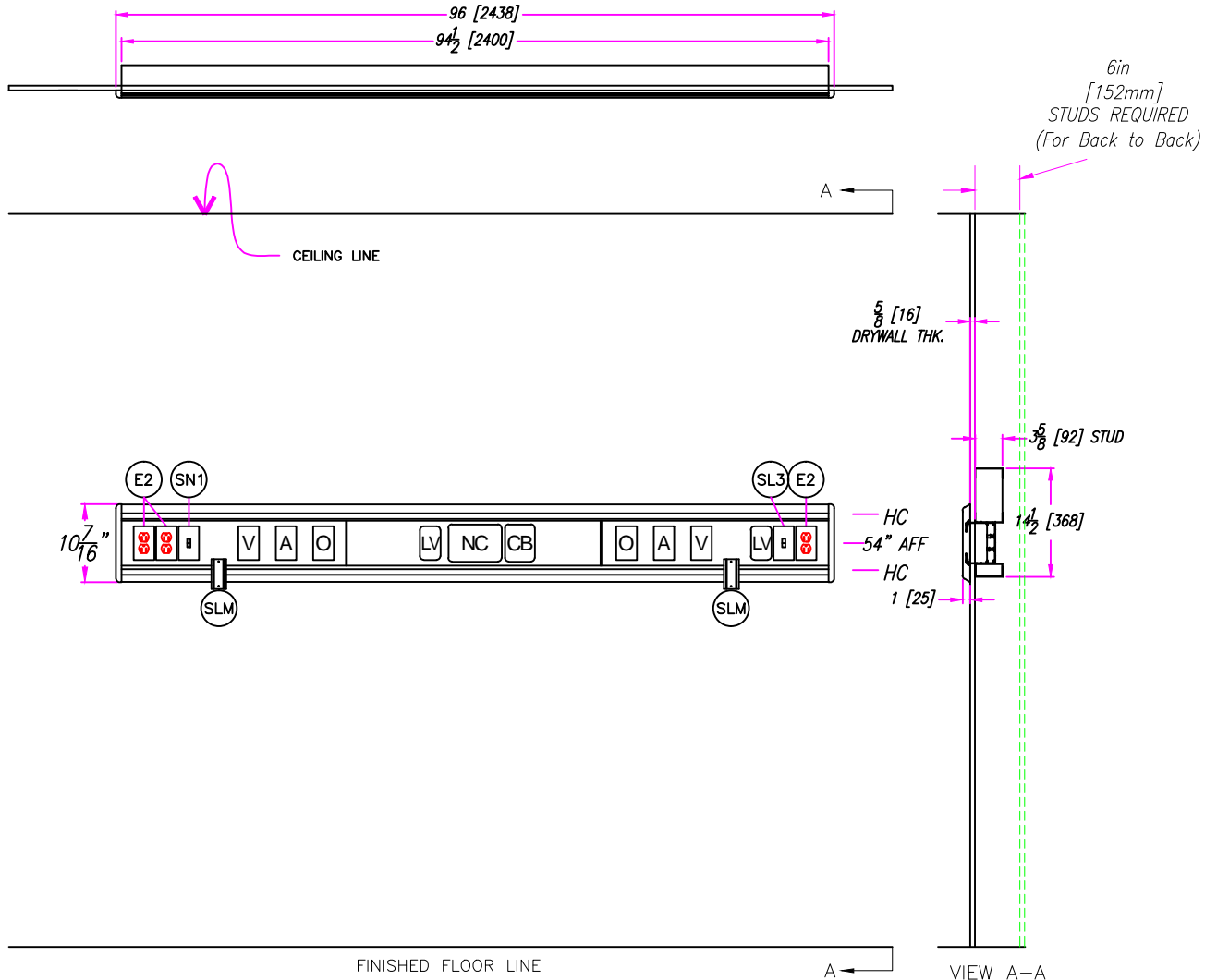
WALL THICKNESS (5/8" TYP.):

**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
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

**AMICO CORPORATION**  
**MM/DD/YY**  
 FOR PRESENTATION  
 PURPOSES ONLY

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
LOCATION	LOCATION
QTY.	UNITS AS SHOWN
X	

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

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