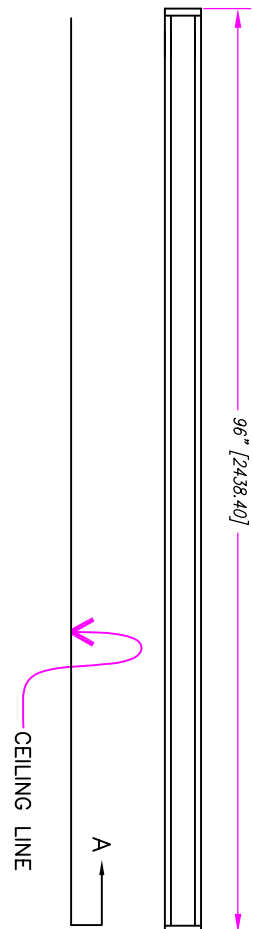


MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING # 0X

TWO TIER WITH NO CHASE
(M/N: HW00-02T-P-M096)

96" [2438.40]

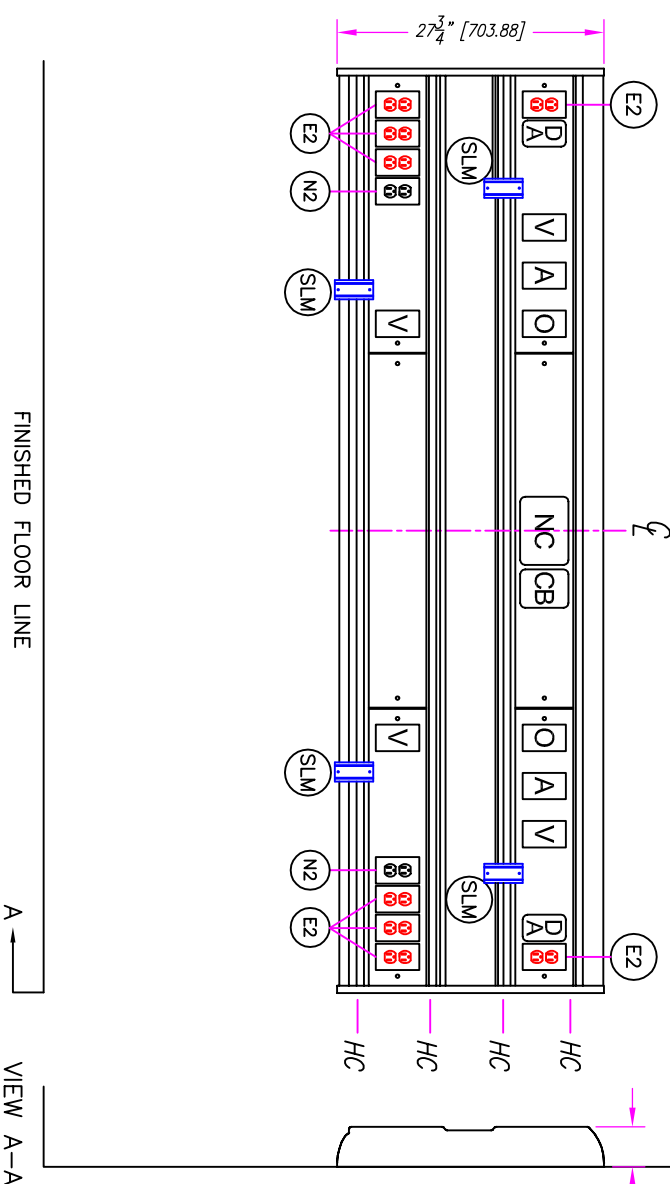


CEILING LINE

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	4	HORIZONTAL EQUIP. TRACK
O	2	AMICO GAS. OXYGEN
A	2	AMICO GAS. MED AIR
V	4	AMICO GAS. VACUUM
E2	8	RECEPTACLE - DUPLEX RED
N2	2	RECEPTACLE - DUPLEX IVORY
NC	1	PROVISION - NURSE CALL 3G
CB	1	PROVISION - CODE BLUE 1G
DA	2	PROVISION - DATA 1G
SLM	4	VACUUM SLIDE, TRACK MTD.



FINISHED FLOOR LINE

VIEW A-A

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

APPROVAL - PRINT / SIGNATURE _____

DATE _____ PHONE NO. _____

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85 Fulton Way
Richmond Hill, Ontario
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Toll-Free: 1-877-462-6428(T)
Fax: (905) 764-0802
www.amico.com

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. XX	DATE:MM/DD/YY
AMDDYY-XXXX	
DRAWN BY: XX	
CHECKED BY:XX	
REV:AO: 00	

