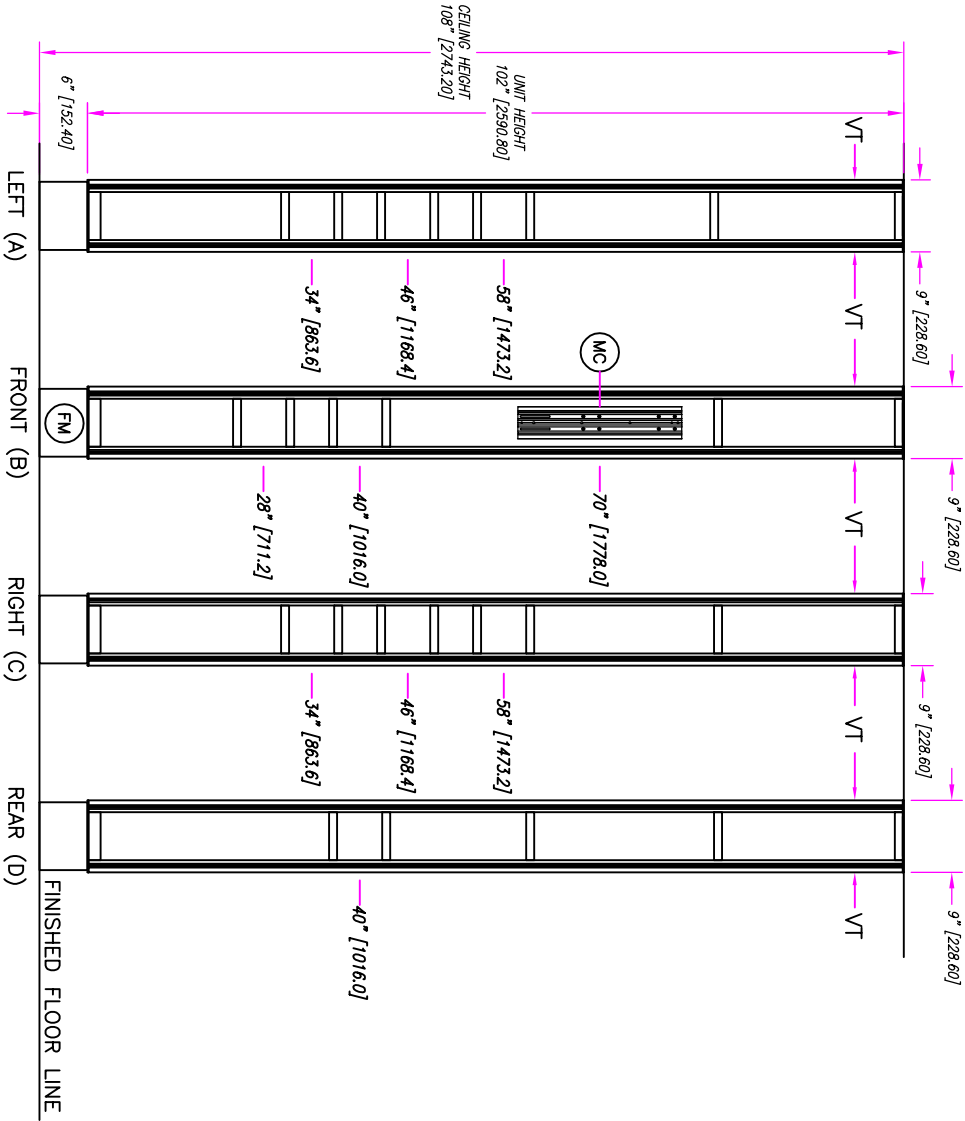
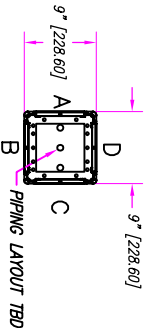


# REGAL SERIES 9" x 9" POWER COLUMN

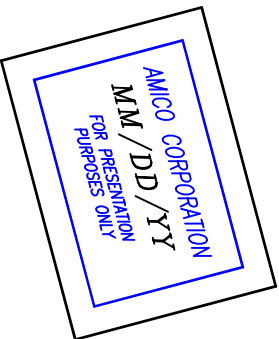
DRAWING # 0X

FULL LENGTH  
(M/N: W-PC09FL-ICU)



TYPE: \_\_\_\_\_  
 QUANTITY: X \_\_\_\_\_  
 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	DESCRIPTION
PC	1 POWER COLUMN, 9" x 9"
FM	1 FLOOR MOUNTED SS BASE
VT	8 VERTICAL EQUIPMENT TRACK
O	1 AMICO GAS, OXYGEN
A	1 AMICO GAS, AIR
V	1 AMICO GAS, VACUUM
E2	6 RECEPTACLE - DUPLEX RED
N2	2 RECEPTACLE - DUPLEX IVORY
DA	1 PROVISION - DATA I/G
MO	1 PROVISION - MONITOR OUT I/G
SLM	1 VACUUM SLIDE, VERT. MNT.
MC	1 MONITOR CHANNEL - 20.5"



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 LOCATION	HOSPITAL NAME	A. NURSE CALL MFGR.:	MODEL NO.:	DRWG. NO. XX
LOCATION	LOCATION	B. MEDICAL GAS MFGR.:	TYPE CONNECTION:	REVISED BY:XX
QTY: X	UNITS AS SHOWN	C. FINISH: _____	CEILING HEIGHT: _____	CHECKED BY:XX
				REV. NO.: 0X
				DATE:YY/MM/DD