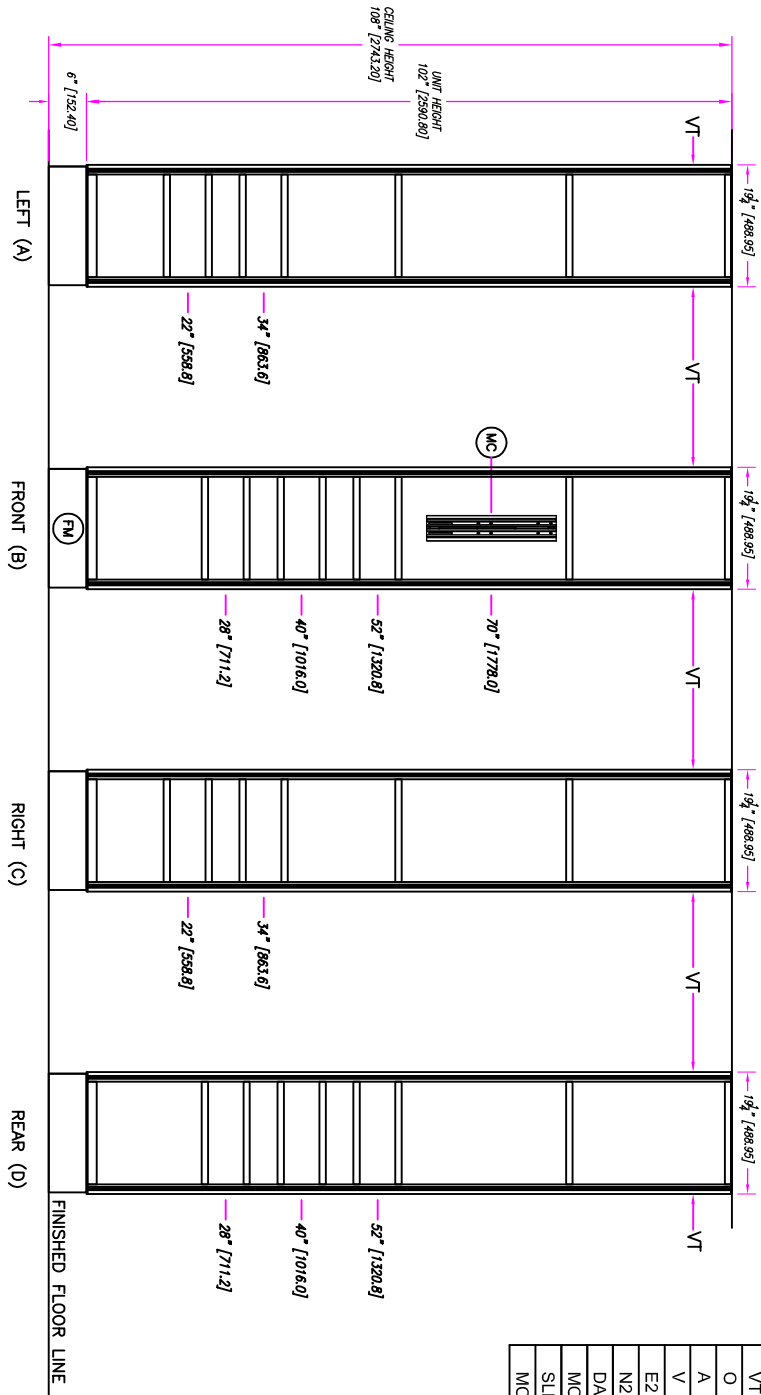
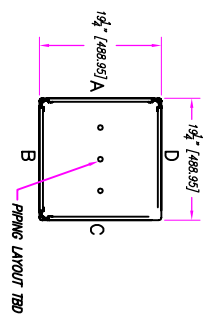


REGAL SERIES 19" X 19" POWER COLUMN

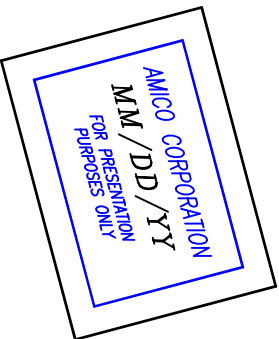
DRAWING # 0X

FULL LENGTH
(M/N: W-PC19-19F-1CU)



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	POWER COLUMN, "X" X "X"
FM	FLOOR MOUNTED SS BASE
VT	VERTICAL EQUIPMENT TRACK
O	AMICO GAS, OXYGEN
A	AMICO GAS, AIR
V	AMICO GAS, VACUUM
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
DA	PROVISION - DATA I/G
MO	PROVISION - MONITOR OUT I/G
SLM	VACUUM SLIDE, VERT. MNT.
MC	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	HOSPITAL NAME	A. NURSE CALL MFGR.:	MODEL NO.:	DRWG. NO.
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