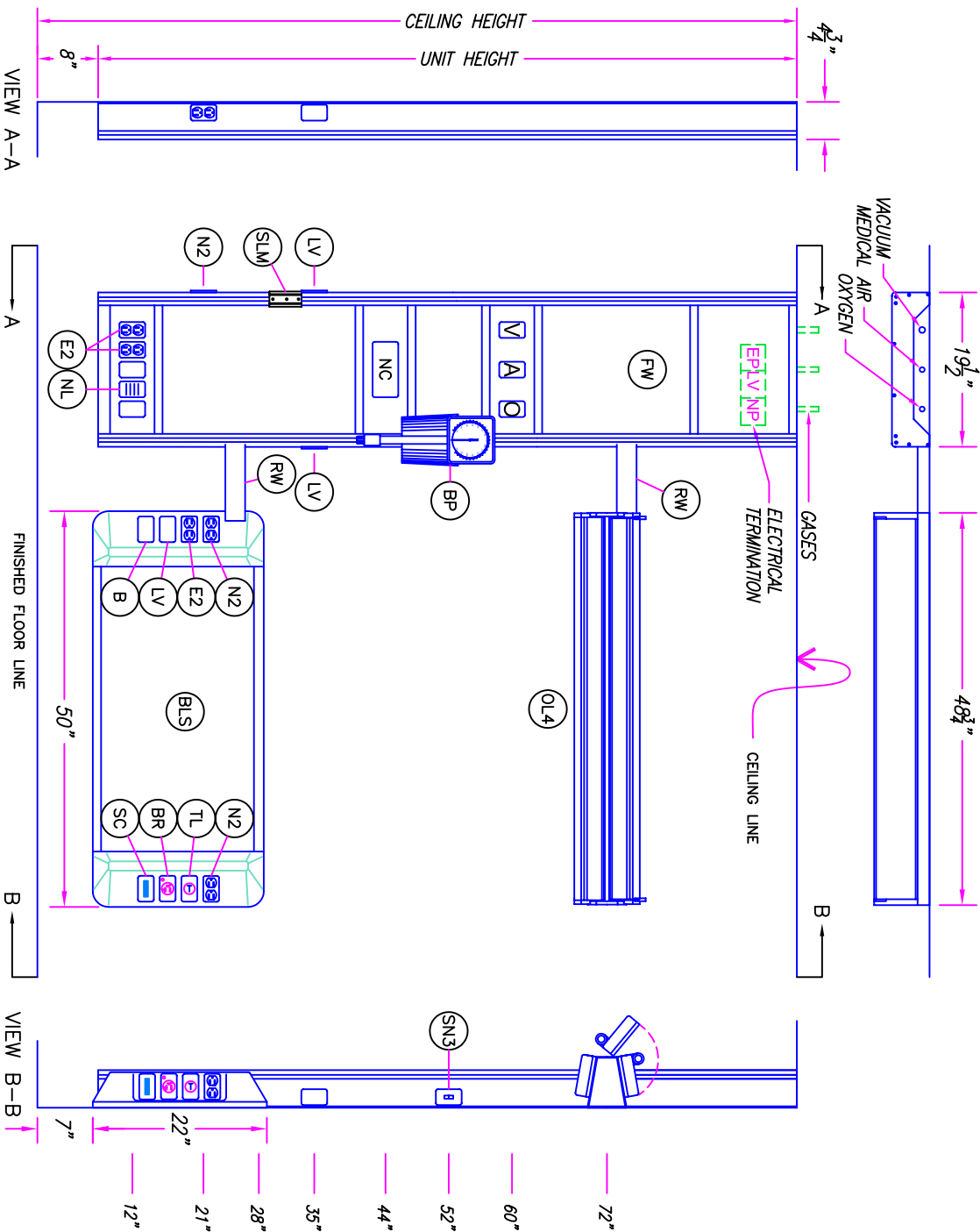


# REGAL SERIES SURFACE MOUNTED 19" FLATWALL

FULL LENGTH GENERAL CARE  
(M/N: FW19FL-GEN-P)

DRAWING # 12



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

APPROVAL - PRINT AND SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

TYPE: \_\_\_\_\_  
QUANTITY: \_\_\_\_\_

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
FW	FLATWALL, 19" WIDTH
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
NC	PROVISION - NURSE CALL
OL4	4 OVERBED LIGHT
SN3	3 POSITION L.V. SWITCH
LVC	LOW VOLTAGE CONTROLLER
NL	NIGHT LIGHT
SLM	VACUUM SLIDE, ON TRACK
O	GAS, OXYGEN
A	GAS, MED AIR
V	GAS, VACUUM
RW	RACEWAY

BED LOCATOR SYSTEM DETAILS	
SYMBOL	DESCRIPTION
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
BR	RECEPTACLE - BED ONLY
SC	37 PIN SIDECOM
LV	PROVISION - LOW VOLTAGE
TL	PROVISION - TELEPHONE
B	BLANK

**A** *Corporation*  
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Fax: (905) 764-0800  
www.dnisco.com

HOSPITAL \_\_\_\_\_  
LOCATION \_\_\_\_\_  
QTY: (A) TYPE \_\_\_\_\_ UNITS AS SHOWN / (B) TYPE \_\_\_\_\_ UNITS OPPOSITE

A. NURSE CALL MFGR: \_\_\_\_\_ MODEL NO.: \_\_\_\_\_  
B. MEDICAL GAS MFGR.: \_\_\_\_\_ TYPE CONNECTION: \_\_\_\_\_  
C. FINISH: \_\_\_\_\_ CEILING HEIGHT: \_\_\_\_\_  
DRWG. NO. PRJ3900K-12  
DRAWN BY: SC  
CHECKED BY: SC  
REV. NO.: \_\_\_\_\_  
DATE: \_\_\_\_\_