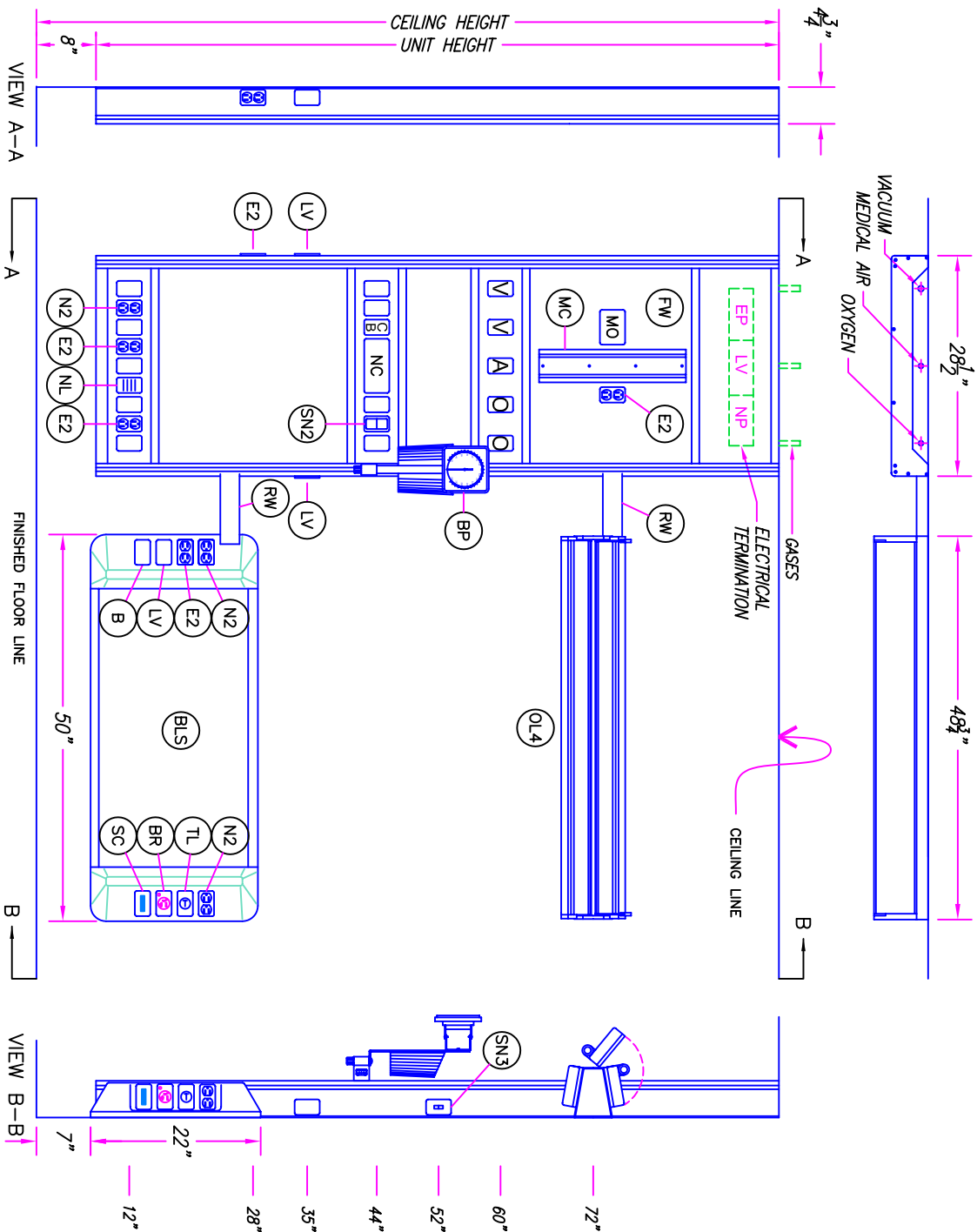


# REGAL SERIES SURFACE MOUNTED 28" FLATWALL

FULL LENGTH GENERAL CARE  
(M/N: FW28FL-GEN-P)

DRAWING # 17



TYPE:  
QUANTITY:

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
FW	FLATWALL, 28" WIDTH
N2	RECEPTACLE - DUPLEX IVORY
E2	RECEPTACLE - DUPLEX RED
NC	PROVISION - NURSE CALL
CB	PROVISION - CODE BLUE
MO	PROVISION - MONITOR
LV	PROVISION - LOW VOLTAGE
NL	NIGHT LIGHT
SN2	SWITCH, S.P. S.T.
SN3	SWITCH, 3 POSITION L.V.
OL4	4" OVERBED LIGHT
LVC	LOW VOLTAGE CONTROLLER
BP	BLOOD PRESSURE DEVICE
MC	MONITOR CHANNEL, MOUNTED
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 SIDE COM
TL	PROVISION - TELEPHONE
LV	PROVISION - LOW VOLTAGE
B	BLANK

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

APPROVAL - PRINT AND SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**AMICO** Corporation  
85 Fulton Woy  
Richmond Hill, Ontario  
L4B 2N4, CANADA  
Tel: (905) 764-0800  
Toll-Free: 1-877-462-6428 (T)  
1-866-440-4988 (F)  
Fax: (905) 764-0882  
www.amico.com

HOSPITAL	A. NURSE CALL MFGR: _____	MODEL NO.:
LOCATION	B. MEDICAL GAS MFGR.: _____	TYPE CONNECTION:
QTY: (A) TYPE _____ UNITS AS SHOWN / (B) TYPE _____ UNITS OPPOSITE	C. FINISH: _____	CEILING HEIGHT: _____
DRWG. NO. _____	PROB. NO. _____	DATE _____
PROB. NO. _____	CHECKED BY: _____	DATE _____