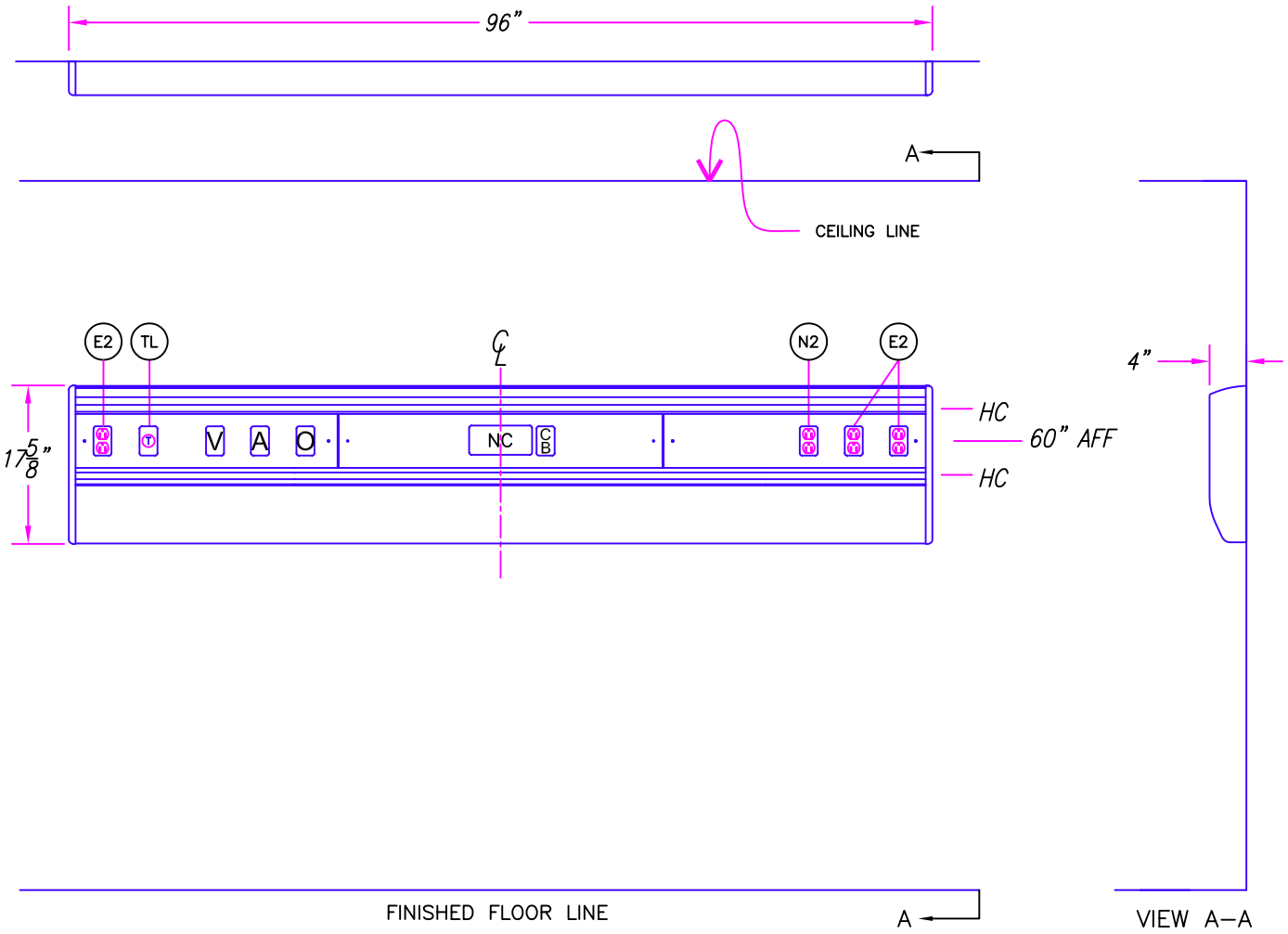
DRAWING # 35

MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

SINGLE TIER with NO CHASE
(M/N: HW00-01T-P-096M)

TYPE:
QUANTITY:

SYSTEM DETAILS		
SYMBOL	QTY.	DESCRIPTION
HC	2	HORIZONTAL EQUIP. TRACK
N2	1	RECEPTACLE - DUPLEX IVORY
E2	3	RECEPTACLE - DUPLEX RED
NC	1	PROVISION - NURSE CALL
CB	1	PROVISION - CODE BLUE
TL	1	PROVISION - TELEPHONE
O	1	GAS, OXYGEN
A	1	GAS, MED AIR
V	1	GAS, VACUUM



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

QTY. (____) TYPE ____ UNITS AS SHOWN / (____) TYPE ____ UNITS OPPOSITE

A. NURSE CALL MFGR: _____ MODEL NO.: _____

B. MEDICAL GAS MFGR.: _____ TYPE CONNECTION: _____

C. FINISH: _____ CEILING HEIGHT: _____

DRWG. NO.	
PRICEBOOK-35	
DRAWN BY:	CS
CHECKED BY:	CS
REV.NO.:	
DATE:	