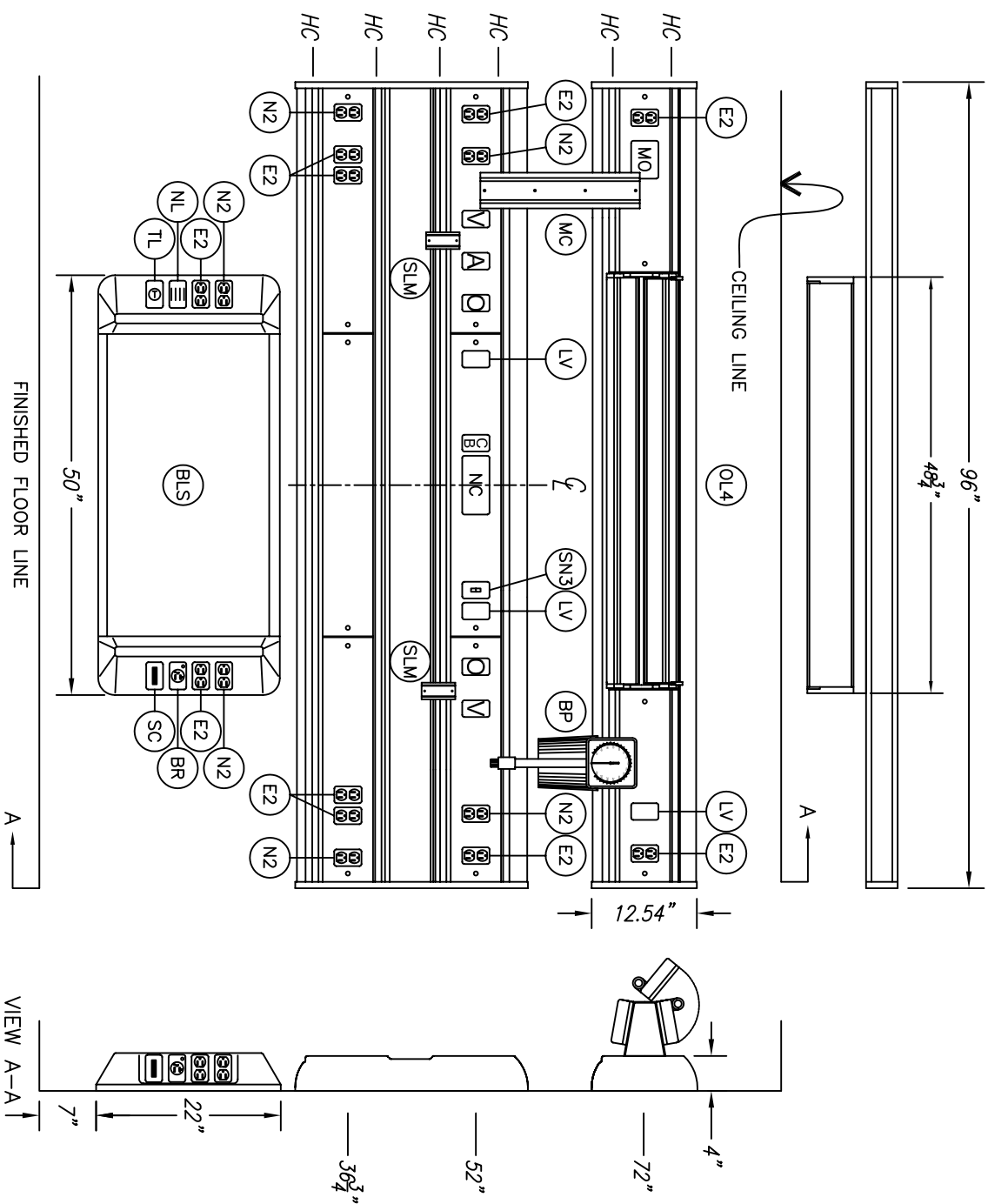


# MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING # 43

TWO TIER with LIGHT TIER and NO CHASE  
(M/N: HW00-02TL-P-096M)



TYPE:  
QUANTITY:

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
HC	HORIZONTAL EQUIP. TRACK
N2	RECEPTACLE - DUPLEX IVORY
E2	RECEPTACLE - DUPLEX RED
NC	PROVISION - NURSE CALL
CB	PROVISION - CODE BLUE
LV	PROVISION - LOW VOLTAGE
MO	PROVISION - MONITOR
SN3	SWITCH, 3 POSITION L.V.
OL4	4' OVERBED LIGHT
LVC	LOW VOLTAGE CONTROLLER
SLM	VACUUM SLIDE, ON TRACK
MC	MONITOR CHANNEL, ON TRACK
BP	BLOOD PRESSURE DEVICE
O	GAS, OXYGEN
A	GAS, MED AIR
V	GAS, VACUUM

BED LOCATOR SYSTEM DETAILS	
SYMBOL	DESCRIPTION
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
BR	RECEPTACLE - BED ONLY
SC	37 PIN SIDE COM
NL	NIGHT LIGHT
TL	PROVISION - TELEPHONE

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

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

<b>Amico Corporation</b> 85 Fulton Hwy, Richmond Hill, Ontario L4B 2N4, CANADA Toll-Free: 1-877-462-6426(T) Tel: (905) 764-0800 Fax: (905) 764-0802 www.amico.com		HOSPITAL _____ LOCATION _____ QTY. _____ TYPE _____ UNITS AS SHOWN / _____ TYPE _____ UNITS OPPOSITE	MODEL NO.: _____ PRICEBOOK-43 DRAWN BY/CS _____ CHECKED BY/CS _____ REV. NO.: _____ DATE: _____
A. NURSE CALL MFGR.: _____ B. MEDICAL GAS MFGR.: _____ C. FINISH: _____ CEILING HEIGHT: _____		APPROVAL - PRINT AND SIGNATURE _____ DATE _____ PHONE NO. _____	