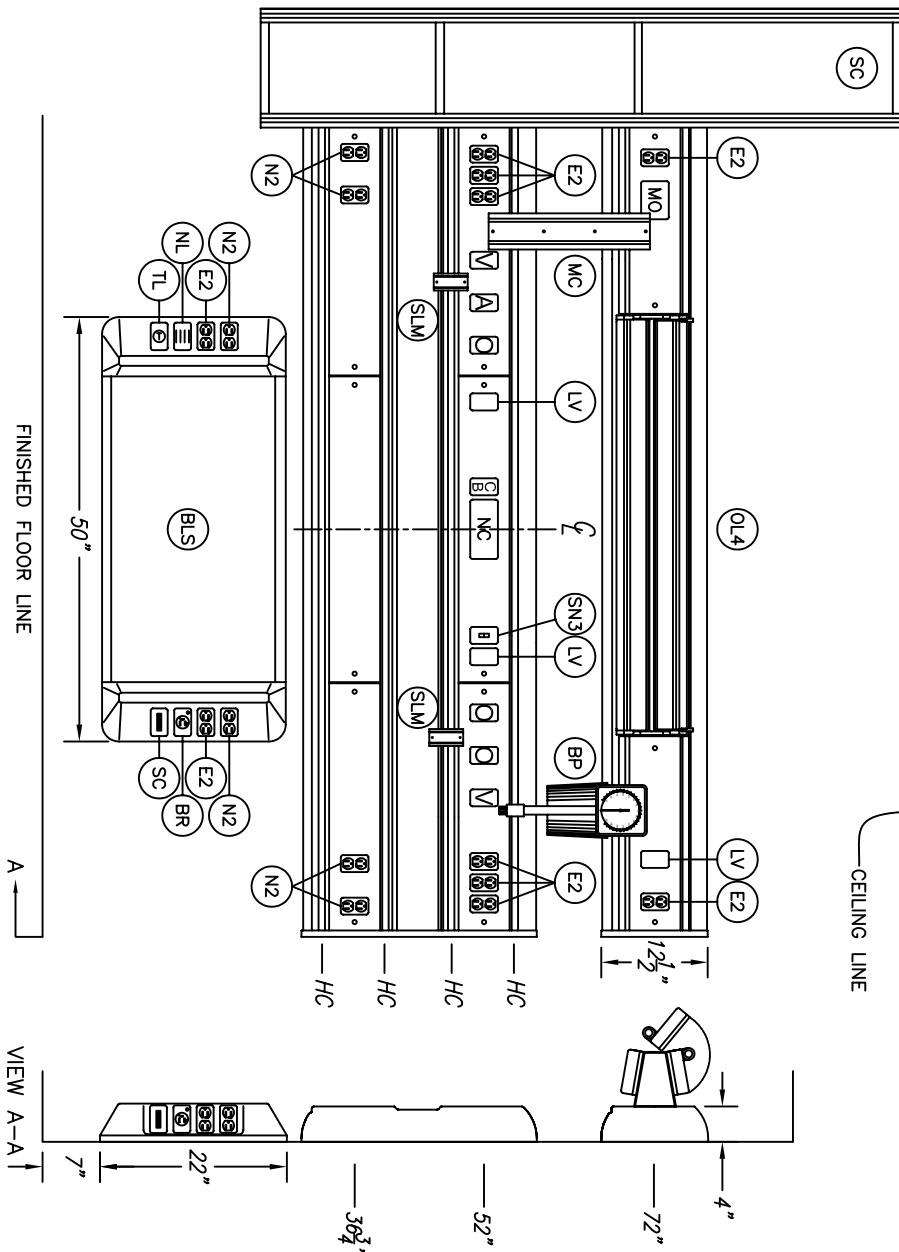
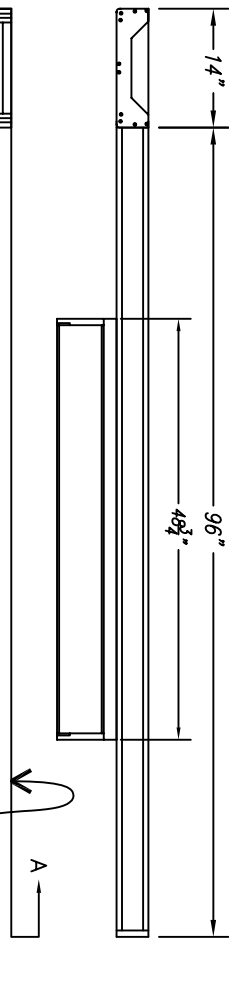


MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

TWO TIER with LIGHT TIER and CHASE
(M/N: HW14-02TL-P-096M)

DRAWING # 44



TYPE:
QUANTITY:

SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
HC	6	HORIZONTAL EQUIP. TRACK
SC	1	SERVICE CHASE, 14"
N2	4	RECEPTACLE - DUPLEX IVORY
E2	8	RECEPTACLE - DUPLEX RED
NC	1	PROVISION - NURSE CALL
CB	1	PROVISION - CODE BLUE
LV	3	PROVISION - LOW VOLTAGE
MO	1	PROVISION - MONITOR
SN3	1	SWITCH, 3 POSITION L.V.
OL4	1	4' OVERBED LIGHT
LVC	1	LOW VOLTAGE CONTROLLER
SLM	2	VACUUM SLIDE, ON TRACK
MC	1	MONITOR CHANNEL, ON TRACK
BP	1	BLOOD PRESSURE DEVICE
O	3	GAS, OXYGEN
A	1	GAS, MED AIR
V	2	GAS, VACUUM

BED LOCATOR SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
E2	2	RECEPTACLE - DUPLEX RED
N2	2	RECEPTACLE - DUPLEX IVORY
BR	1	RECEPTACLE - BED ONLY
SC	1	37' PIN SIDE COM
NL	1	NIGHT LIGHT
TL	1	PROVISION - TELEPHONE

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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85 Fulton Way
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Fax: (905) 764-0862
www.damico.com

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: _____

PRICEBOOK-44
PRMNM BRCS
CHECKED BRCS
REV. NO.: _____
DATE: _____