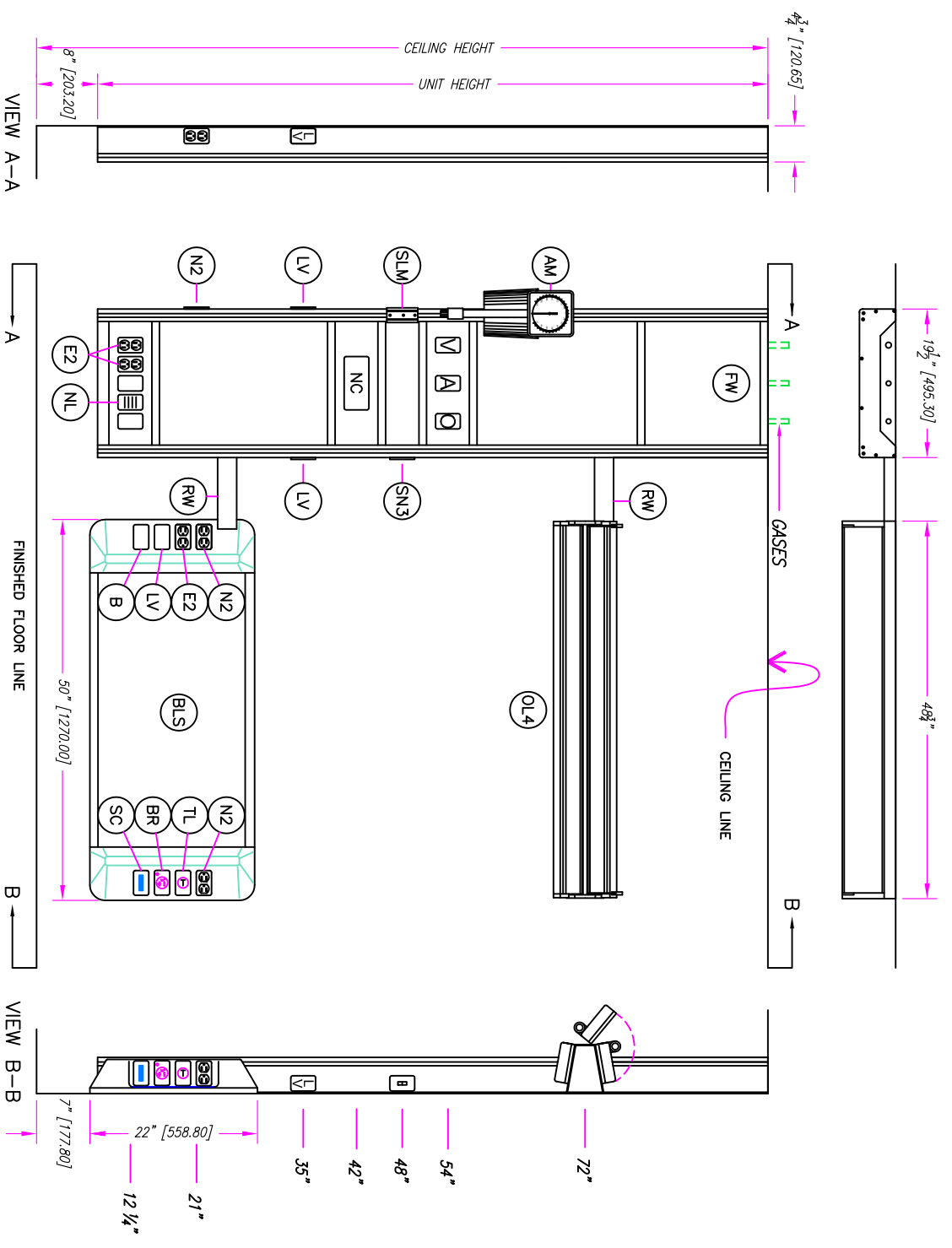


REGAL SERIES SURFACE MOUNTED 19" FLATWALL

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

DRAWING # 12



TYPE:
QUANTITY:

SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
FW	1	FLATWALL, 19" WIDTH
O	1	GAS, OXYGEN
A	1	GAS, MED AIR
V	1	GAS, VACUUM
E2	2	RECEPTACLE - DUPLEX RED
N2	1	RECEPTACLE - DUPLEX IVORY
SN3	1	3 POSITION L.V. SWITCH
NL	1	NIGHT LIGHT
NC	1	PROVISION - NURSE CALL 3G
LV	2	PROVISION - LOW VOLTAGE 1G
SLM	1	VACUUM SLIDE, ON TRACK
RW	2	RACEWAY
OL4	1	4' OVERBED LIGHT
LVC*	1	LOW VOLTAGE CONTROLLER
AM	1	ANEROID MANOMETER w/ BSKT

*INSTALLED IN UNIT BY AMICO

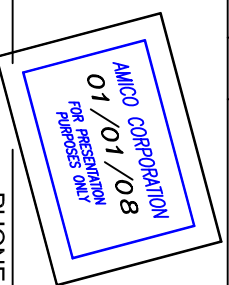
BED LOCATOR SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
E2	1	RECEPTACLE - DUPLEX RED
N2	2	RECEPTACLE - DUPLEX IVORY
BR	1	RECEPTACLE - BED ONLY
LV	1	PROVISION - LOW VOLTAGE 1G
TL	1	PROVISION - TELEPHONE 1G
SC	1	37 PIN CONNECTOR
B	1	BLANK

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	HOSPITAL
LOCATION	LOCATION
QTY: 1	(A) TYPE _____ UNITS AS SHOWN / (B) TYPE _____ UNITS OPPOSITE

A. NURSE CALL MFR:	MODEL NO.:	DRWG. NO.:
B. MEDICAL GAS MFR:	TYPE CONNECTION:	DRAWN BY:
C. FINISH:	CEILING HEIGHT:	CHECKED BY:
		REV. NO.:
		DATE: