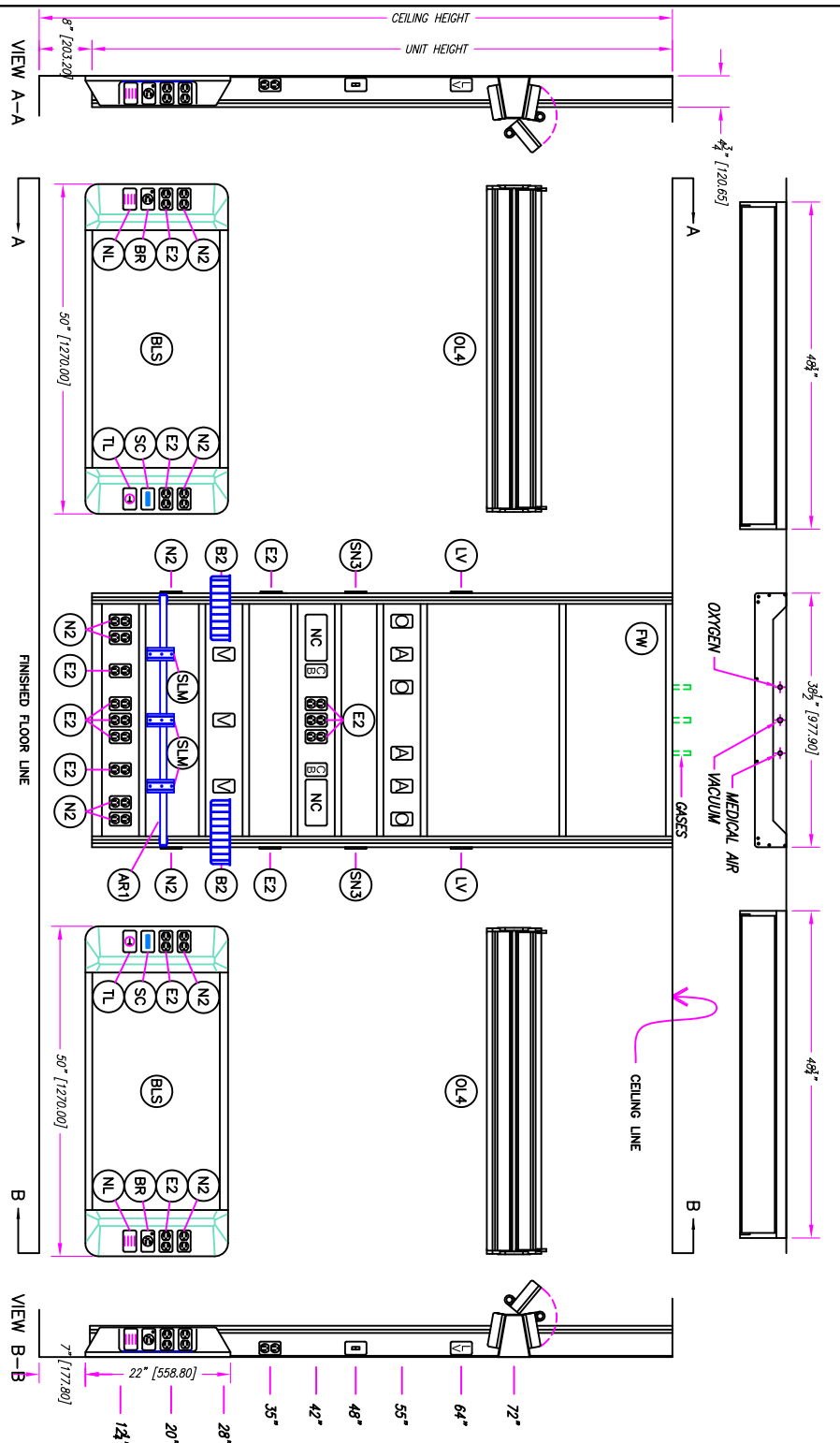


REGAL SERIES SURFACE MOUNTED 38" FLATWALL

FULL LENGTH GENERAL CARE
(M/N: FW38FL-SM-GEN-S)

DRAWING # 22



TYPE: _____
QUANTITY: _____

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
FW	FLATWALL, 38" WIDTH
O	GAS, OXYGEN
A	GAS, MED AIR
V	GAS, VACUUM
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
SN3	SWITCH, 3 POSITION L.V.
NC	PROVISION - NURSE CALL 3G
CB	PROVISION - CODE BLUE 1G
LV	PROVISION - LOW VOLTAGE 1G
SLM	VACUUM SLIDE - RAIL MTD.
OL4	4' OVERBED LIGHT
LVC*	LOW VOLTAGE CONTROLLER
ART1	AMICO RAIL, TRACK MTD.
B2	10"x10"x4" SWIVEL BASKET

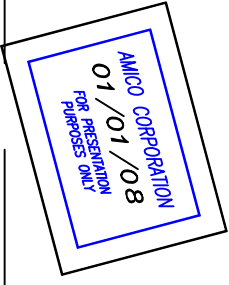
*INSTALLED IN OVERBED LIGHT BY AMICO

BED LOCATOR SYSTEM DETAILS	
SYMBOL	DESCRIPTION
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
BR	RECEPTACLE - BED ONLY
NL	NIGHT LIGHT
TL	PROVISION - TELEPHONE 1G
SC	37 PIN CONNECTOR

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 Hwy, Ontario
Rehoboth Hill, CANADA
L4B 2N4, CANADA
Tel: (905) 877-462-6428 (T)
Tel: (905) 764-0800
Fax: (905) 764-0882
www.amico.com

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

A. NURSE CALL MFR: _____ MODEL NO.: _____
B. MEDICAL GAS MFR: _____ TYPE CONNECTION: _____
C. FINISH: _____ CEILING HEIGHT: _____
DRWG. NO. _____
PRICEBOOK-25
DRAWN BY: _____
CHECKED BY: _____
REV. NO.: _____
DATE: _____