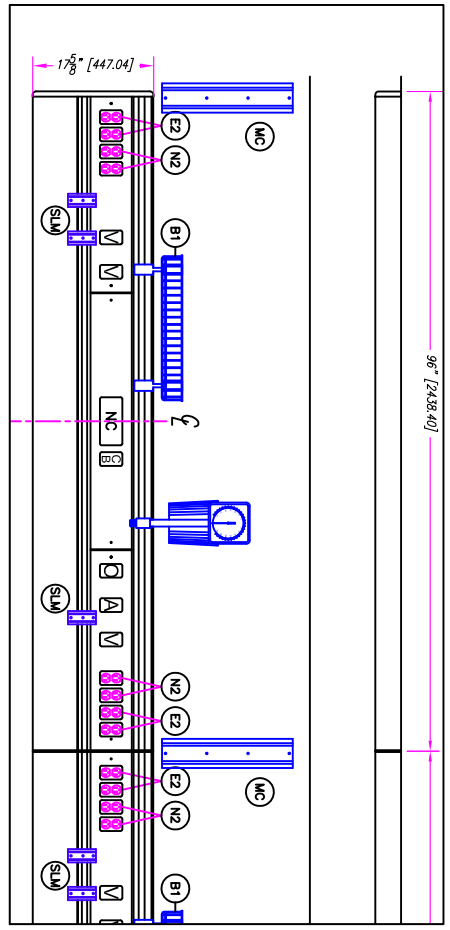
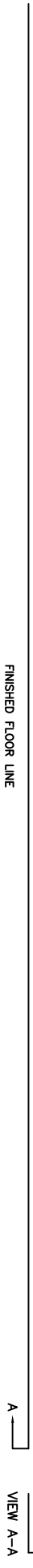
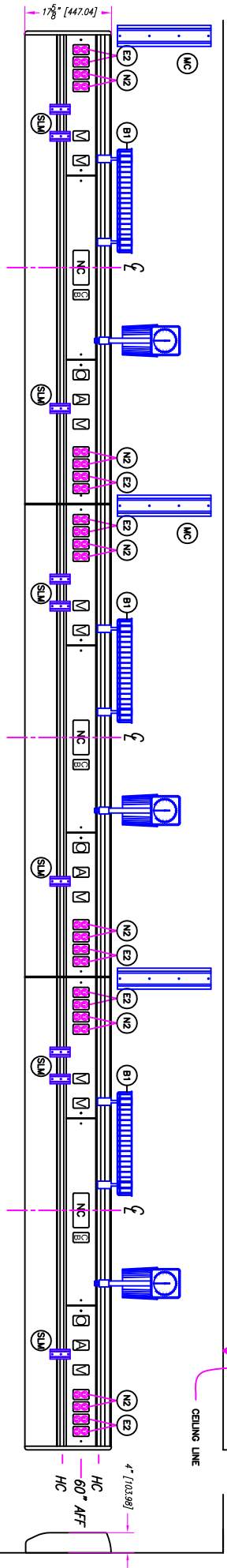
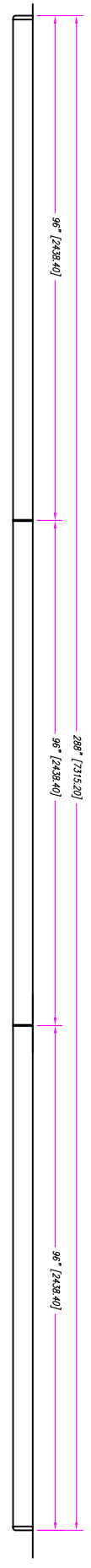


MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

SINGLE TIER with OVERBED LIGHT

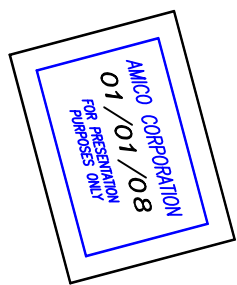
(M/N: HW00-01T-S-M288)

DRAWING # 37



TYPE: _____
 QUANTITY: _____

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
HC	2 HORIZONTAL EQUIP. TRACK
O	3 GAS. OXYGEN
A	3 GAS. MED AIR
V	9 GAS. VACUUM
E2	12 RECEPTACLE - DUPLEX RED
N2	12 RECEPTACLE - DUPLEX IVORY
NC	3 PROVISION - NURSE CALL 3G
CB	3 PROVISION - CODE BLUE 1G
SLM	9 VACUUM SLIDE, TRACK MTD.
MC	3 MONITOR CHANNEL, WALL MTD.
B1	3 19"x5"x3" BASKET, ON TRACK
AM	3 ANEROID MANOMETER



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, Richmond Hill, Ontario L4B 2N4, CANADA Tel: (905) 877-462-6428(F) Fax: (905) 764-0860 www.amico.com	
HOSPITAL LOCATION	HOSPITAL LOCATION
QTY: 1	TYPE _____ UNITS AS SHOWN / (_____) TYPE _____ UNITS OPPOSITE
A. NURSE CALL MFR: _____	MODEL NO.: _____
B. MEDICAL GAS MFR: _____	TYPE CONNECTION: _____
C. FINISH: _____	CEILING HEIGHT: _____
DRWG. NO. PRECIBOOK-40	DRAWN BY: _____
DATE: _____	CHECKED BY: _____
REV. NO.: 00	DATE: _____