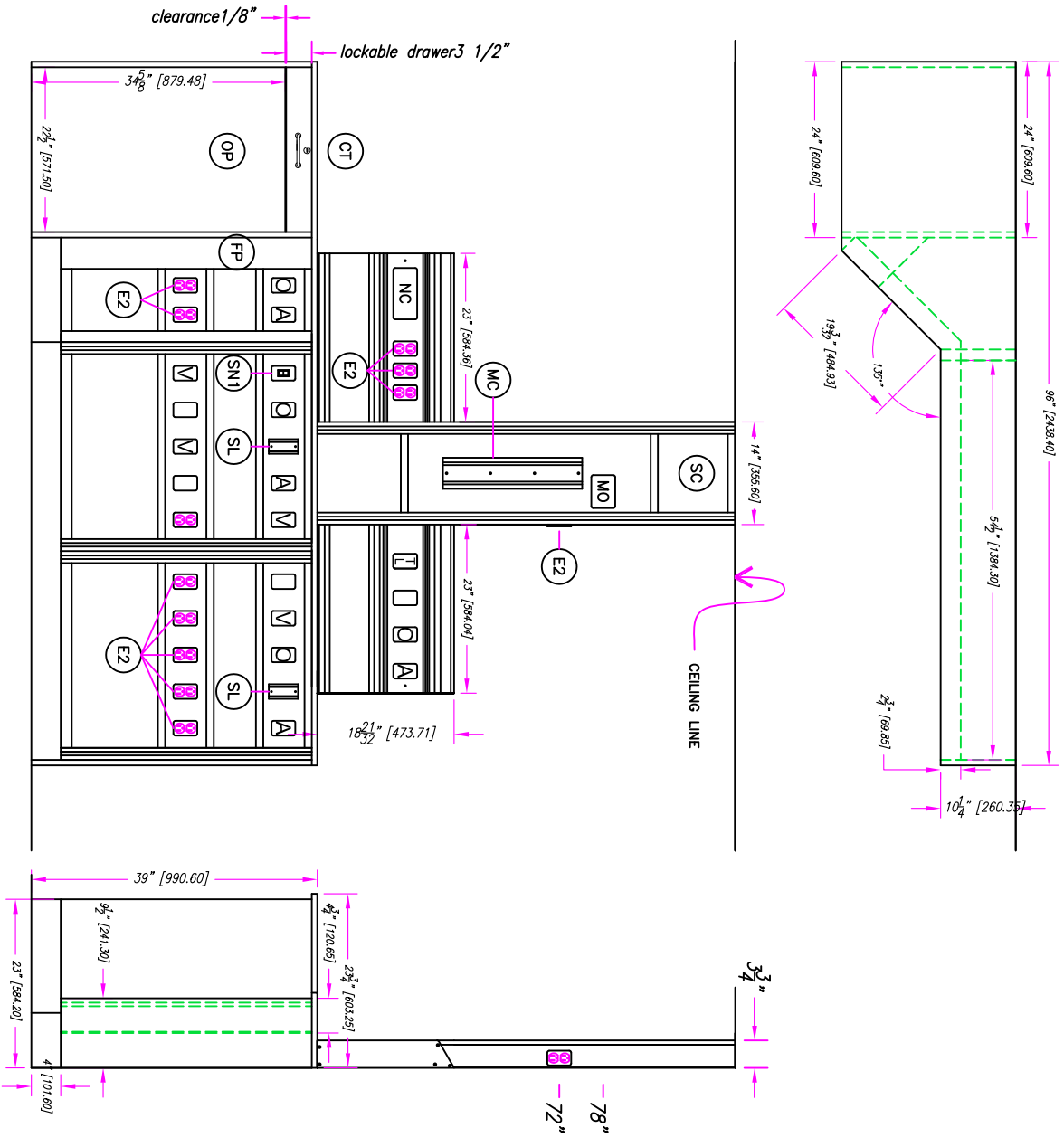


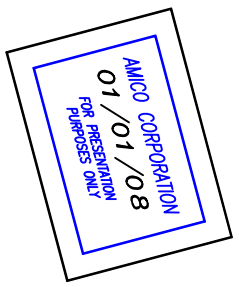
# AMICO NICU UNIT (M/N: W-NICU)

DRAWING # 56



TYPE:  
QUANTITY:

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
NICU	1 AMICO NICU UNIT
CT	1 COUNTER TOP
OP	1 OPEN SPACE
FP	1 FILLER PANEL
SC	1 SERVICE CHASE, 14"
O	4 GAS, OXYGEN
A	4 GAS, MED AIR
V	4 GAS, VACUUM
E2	12 RECEPTACLE - DUPLEX RED
SN1	1 SWITCH, S.P.S.T.
NC	1 PROVISION - NURSE CALL 3G
TL	1 PROVISION - TELEPHONE 1G
MO	1 PROVISION - MONITOR OUT 2G
SLM	2 VACUUM SLIDE, MOUNTED
MC	1 MONITOR CHANNEL, MOUNTED



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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 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. PRG390K-80  
 DRAWN BY: \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_  
 REV. NO.: \_\_\_\_\_  
 DATE: \_\_\_\_\_