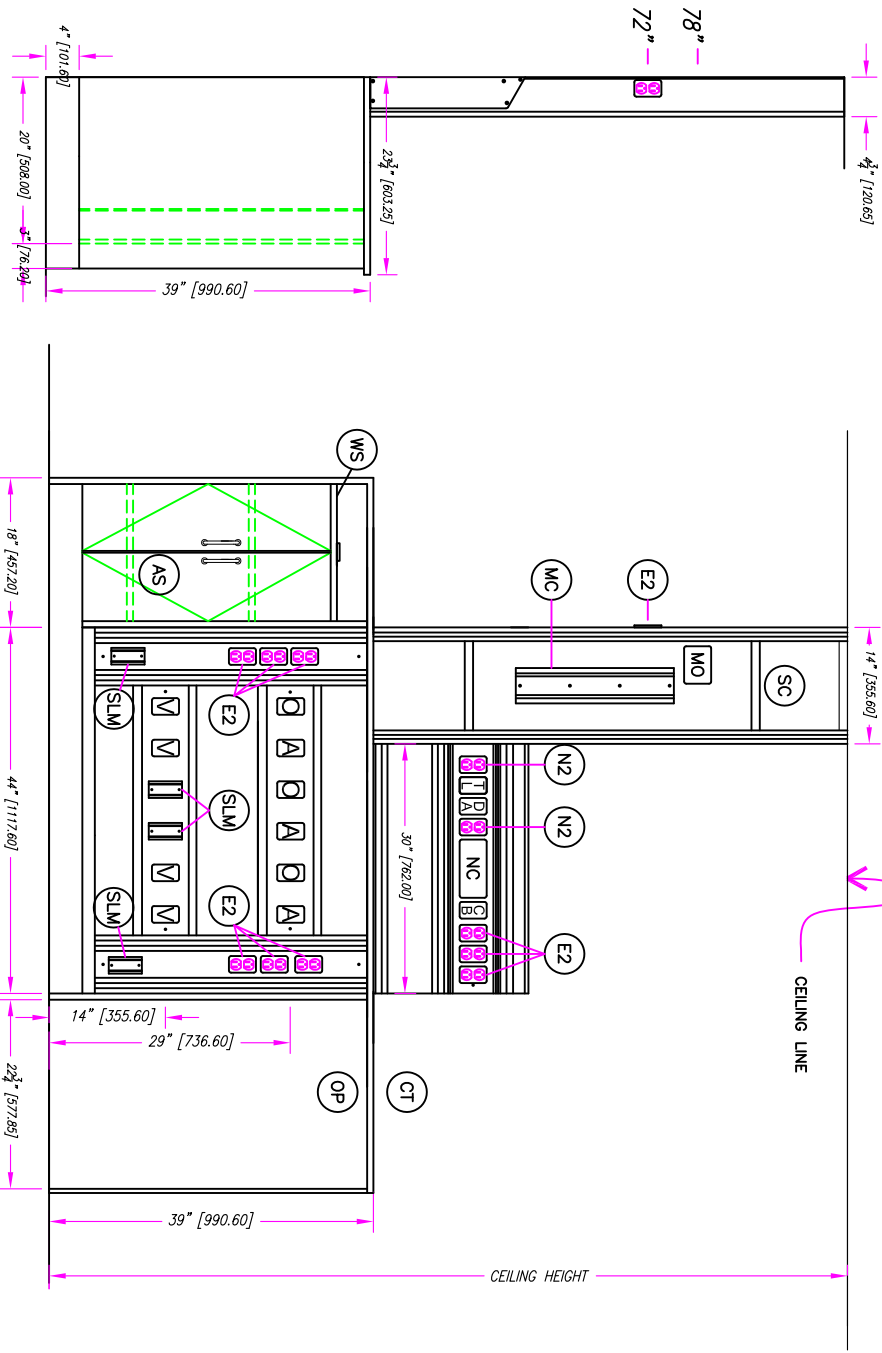
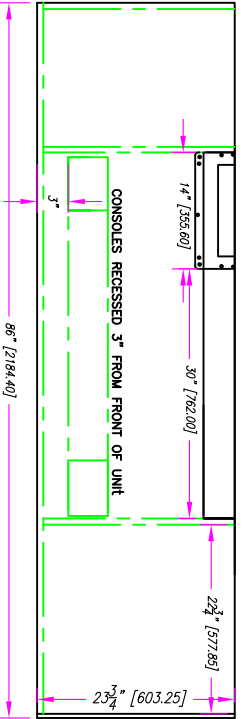


AMICO NICU UNIT (M/N:W-NICU)

DRAWING # 58

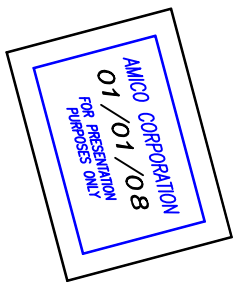


IMPORTANT: PLEASE VERIFY THAT THE ABOVE INFORMATION IS CORRECT, AND PROVIDE THE REMAINING DETAILS.

APPROVAL - PRINT AND SIGNATURE _____

DATE _____ PHONE NO. _____

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
NICU	1 AMICO NICU UNIT
CT	1 COUNTER TOP
OP	1 OPEN SPACE
AS	1 ADJUSTABLE SHELF
WS	1 WRITING SHELF
SC	1 SERVICE CHASE, 14"
O	3 GAS, OXYGEN
A	3 GAS, MED AIR
V	4 GAS, VACUUM
E2	10 RECEPTACLE - DUPLEX RED
N2	2 RECEPTACLE - DUPLEX IVORY
NC	1 PROVISION - NURSE CALL 3G
CB	1 PROVISION - CODE BLUE 1G
DA	1 PROVISION - DATA 1G
TL	1 PROVISION - TELEPHONE 1G
MO	1 PROVISION - MONITOR OUT 2G
SLM	4 VACUUM SLIDE, MOUNTED
MC	1 MONITOR CHANNEL, MOUNTED



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 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. PRJ: 390K-82
 DRAWN BY: _____
 CHECKED BY: _____
 REV. NO.: _____
 DATE: _____