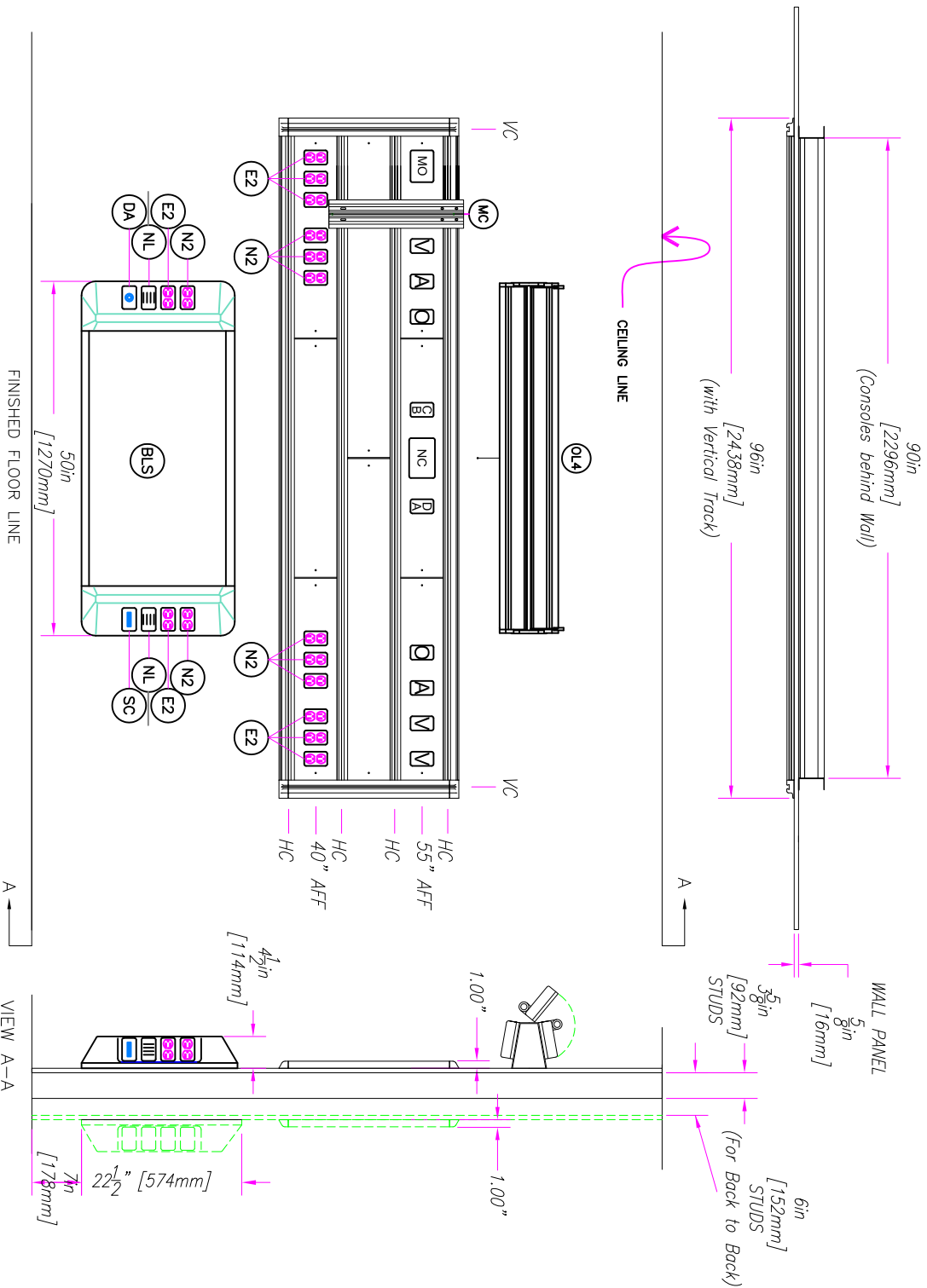


# RECESSED MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING # 43

TWO TIER with OVERBED LIGHT  
(M/N: HW00-02T-P-R096)



TYPE:  
QUANTITY:

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
HC	HORIZONTAL EQUIP. TRACK
VC	VERTICAL EQUIP. TRACK
O	GAS, OXYGEN
A	GAS, MED AIR
V	GAS, VACUUM
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
NC	PROVISION - NURSE CALL 3G
CB	PROVISION - CODE BLUE 1G
DA	PROVISION - DATA 1G
MO	PROVISION - MONITOR OUT 1G
OL4	4' OVERBED LT W/ 4-WAY P-CORD
MC	MONITOR CHANNEL, TRACK MTD.

BED LOCATOR SYSTEM DETAILS	
SYMBOL	DESCRIPTION
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
NL	NIGHT LIGHT
SC	37 PIN CONNECTOR
DA	PROVISION - DATA 1G

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 Way  
Richmond Hill, Ontario  
L4B 2N4, CANADA  
Tel: (905) 764-0800  
Fax: (905) 764-0822  
www.amico.com

HOSPITAL LOCATION: \_\_\_\_\_  
HOSPITAL LOCATION: \_\_\_\_\_  
QTY: 1 (X) TYPE X UNITS AS SHOWN / ( ) TYPE UNITS OPPOSITE

A. NURSE CALL MFR: \_\_\_\_\_ MODEL NO.: \_\_\_\_\_  
B. MEDICAL GAS MFR.: \_\_\_\_\_ TYPE CONNECTION: \_\_\_\_\_  
C. FINISH: \_\_\_\_\_ CEILING HEIGHT: \_\_\_\_\_  
DRWG. NO. \_\_\_\_\_  
PRICEBOOK: 46  
DRWN. BY: \_\_\_\_\_  
CHD. BY: \_\_\_\_\_  
REV. NO.: \_\_\_\_\_  
DATE: \_\_\_\_\_

