

PLEASE SPECIFY (IF NOT SPECIFIED AMICO WILL PROVIDE DEFAULTS LISTED BELOW):

STUD LENGTH (12'-0"):

STUD SIZE (3/8" TYP.):

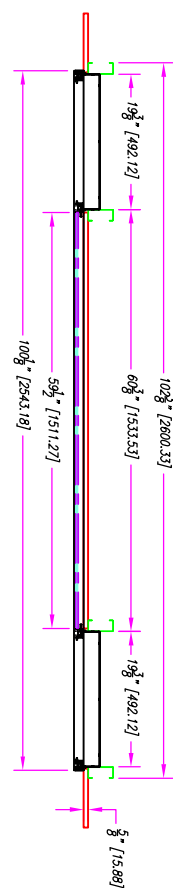
STUD GAUGE: #16 TYP.

WALL THICKNESS (5/8" TYP.):

FREEDOM SERIES RECESSED 19" PANEL WALL

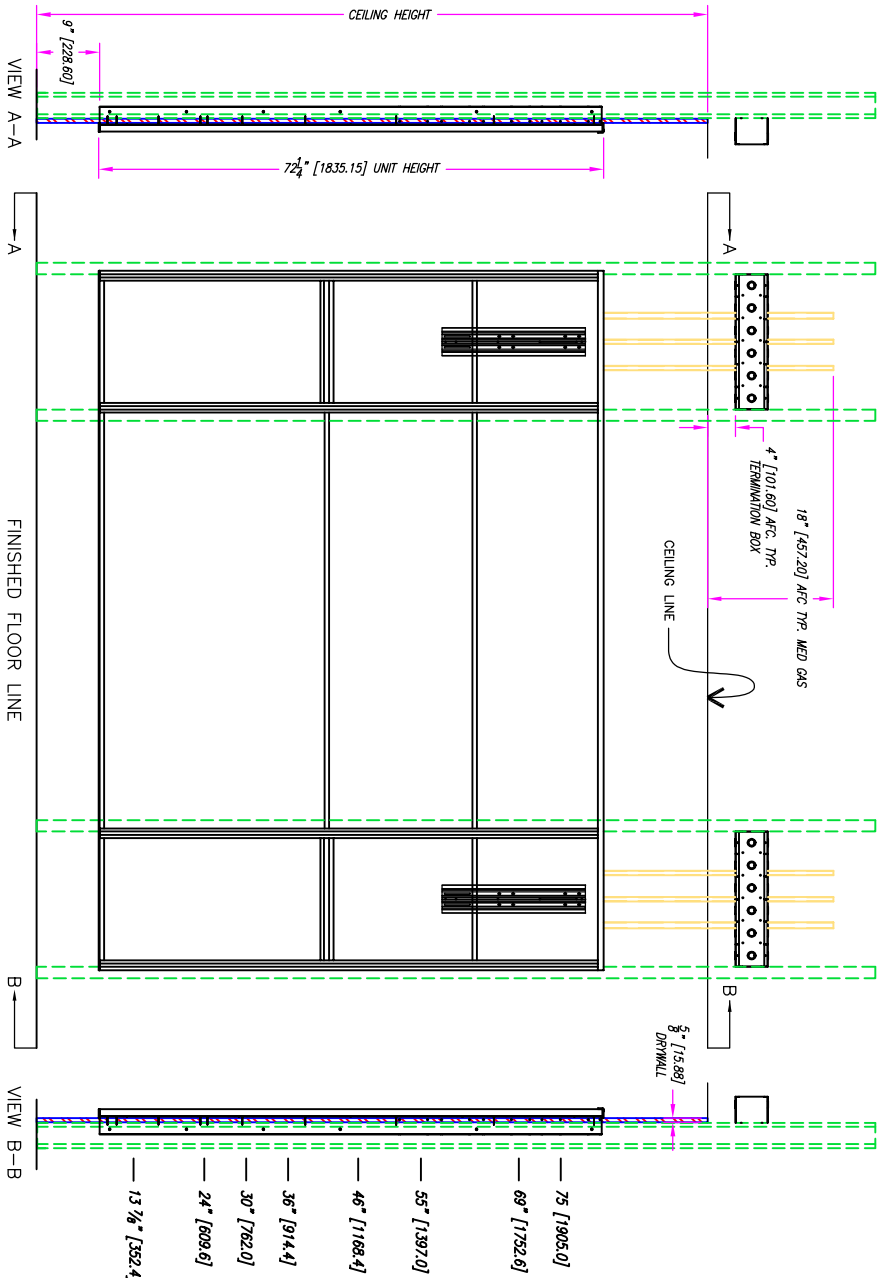
FULL LENGTH GENERAL CARE
(M/N: FW1960-PR-GEN-P)

DRAWING # 0X



SYSTEM DETAILS	
SYMBOL	DESCRIPTION
PR	PANEL WALL
O	AMICO GAS OUTLET, OXYGEN
A	AMICO GAS OUTLET, MED AIR
V	AMICO GAS OUTLET, VACUUM
E2	RECEPTACLE - DUPLEX RED
N2	RECEPTACLE - DUPLEX IVORY
TL	PROVISION - TELEPHONE 1G
	BLANK PLATE
2	STUD ASSEMBLY

TYPE: _____
 QUANTITY: _____
 IF MIRRORED UNITS ARE REQUIRED THE CUSTOMER MUST INDICATE THE QUANTITY OF UNITS BELOW AND AMICO WILL PROVIDE A SEPARATE DRAWING SHOWING THE MIRRORED LAY OUT AND QUANTITY
 QUANTITY MIRRORED: _____



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

APPROVAL SIGNATURE _____ DATE _____ PHONE NO. _____



Amico
 85 Fulton Way
 Richmond Hill, Ontario
 L4B 2M4, CANADA
 Toll-Free: 1-877-462-6426(T)
 Tel: (905) 764-0800
 Fax: (905) 764-0802
 www.amico.com

HOSPITAL LOCATION	HOSPITAL LOCATION	A. NURSE CALL MFR:	MODEL NO.:	DRNG. NO.
UNITS AS SHOWN	UNITS AS SHOWN	B. MEDICAL GAS MFR:	TYPE CONNECTION:	MADDY-00
		C. FINISH:	CEILING HEIGHT:	DRAWN BY:
				CHECKED BY:
				REV. NO.: 00
				DATE: