

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

STUD LENGTH (12'-0"):

STUD SIZE (3/8" TYP.):

STUD GAUGE: #16 TYP.

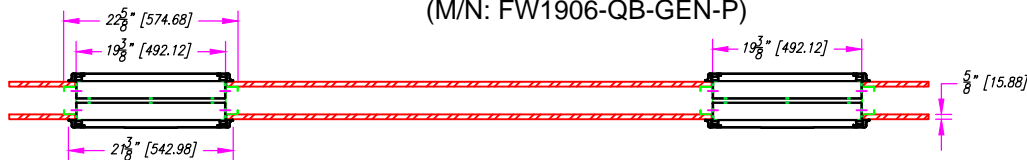
WALL THICKNESS (5/8" TYP.):

# REGAL SERIES RECESSED 19" FLATWALL

FULL LENGTH GENERAL CARE - W/ STUD QUAD BACK

(M/N: FW1906-QB-GEN-P)

DRAWING # 0X



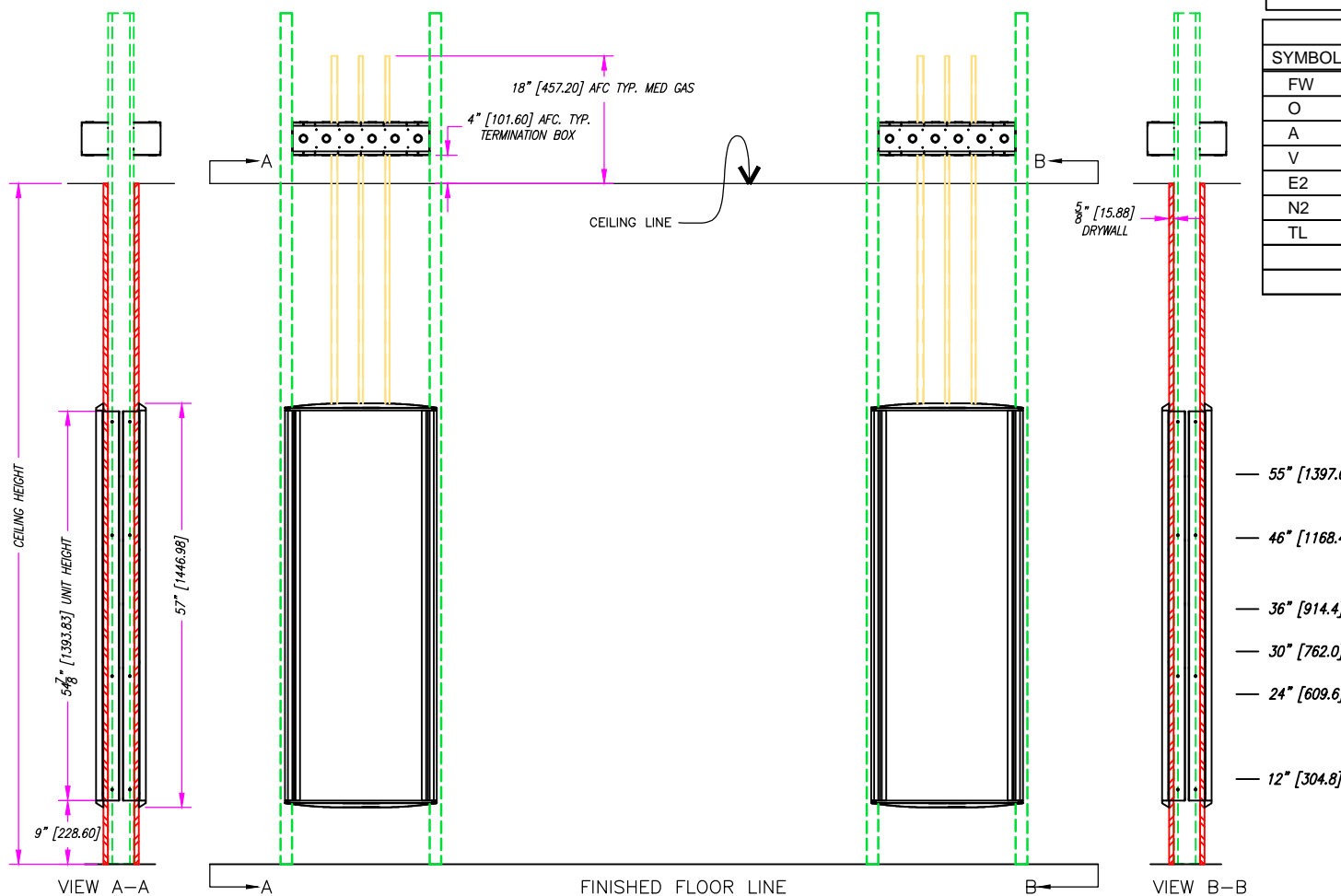
TYPE:

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: \_\_\_\_\_

SYSTEM DETAILS		
SYMBOL	QTY.	DESCRIPTION
FW	2	FLATWALL, 19" WIDTH
O	X	AMICO GAS OUTLET, OXYGEN
A	X	AMICO GAS OUTLET, MED AIR
V	X	AMICO GAS OUTLET, VACUUM
E2	X	RECEPTACLE - DUPLEX RED
N2	X	RECEPTACLE - DUPLEX IVORY
TL	X	PROVISION - TELEPHONE 1G
	X	BLANK PLATE
	2	STUD ASSEMBLY



AMICO CORPORATION  
MM/DD/YY  
FOR PRESENTATION  
PURPOSES ONLY

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

APPROVAL SIGNATURE

DATE

PHONE NO.



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HOSPITAL	HOSPITAL
LOCATION	LOCATION
QTY.	UNITS AS SHOWN
X	

A. NURSE CALL	MFGR: _____	MODEL NO.: _____
B. MEDICAL GAS	MFGR.: _____	TYPE CONNECTION: _____
C. FINISH: _____	CEILING HEIGHT: _____	

DRWG. NO.	MMDDYY-XXXX
DRAWN BY:	
CHECKED BY:	
REV.NO.: 00	
DATE:	