

SERENITY SERIES SURFACE MOUNTED PANEL WALL

FULL LENGTH GENERAL CARE
(M/N: SFW3248-CPO)

DRAWING # XX

TYPE:

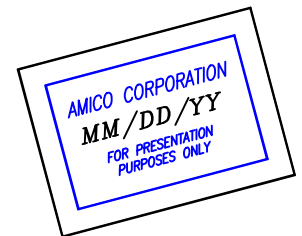
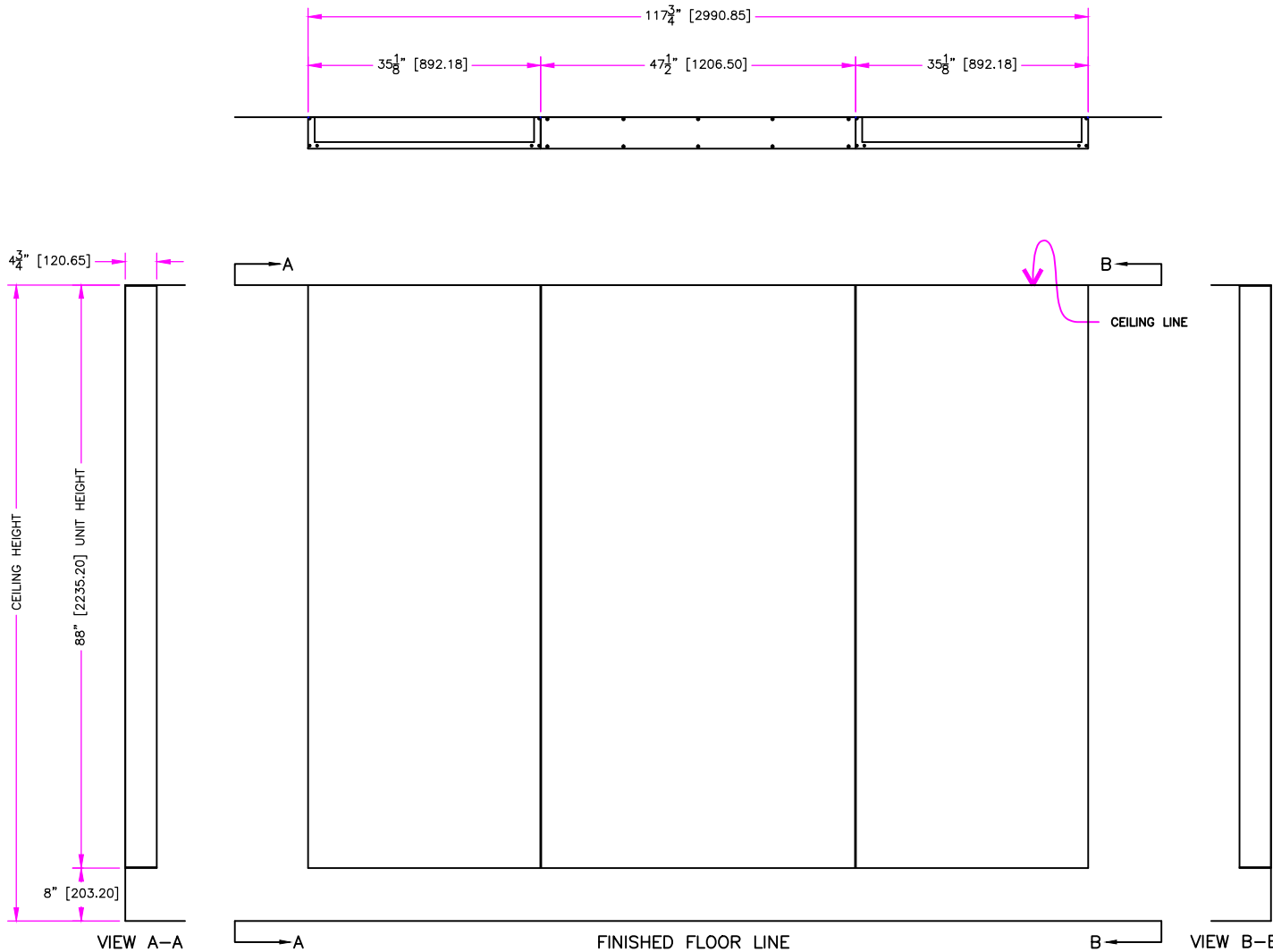
QUANTITY:

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
PS	1	PANEL WALL
O	X	AMICO GAS, OXYGEN
A	X	AMICO GAS, MED AIR
V	X	AMICO GAS, VACUUM
E2	X	RECEPTACLE - DUPLEX RED
N2	X	RECEPTACLE - DUPLEX IVORY
SL3	X	SWITCH - MOMENTARY
NL	X	NIGHT LIGHT
NC	X	PROVISION - NURSE CALL 3G
LV	X	PROVISION - LOW VOLTAGE 1G
SLM	X	VACUUM SLIDE, ON TRACK



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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HOSPITAL HOSPITAL
LOCATION LOCATION
QTY. X UNITS AS SHOWN

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

DRWG. NO. _____
MMDDYY-XXXX
DRAWN BY: XX
CHECKED BY: XX
REV. NO.: 00
DATE: MM/DD/YY