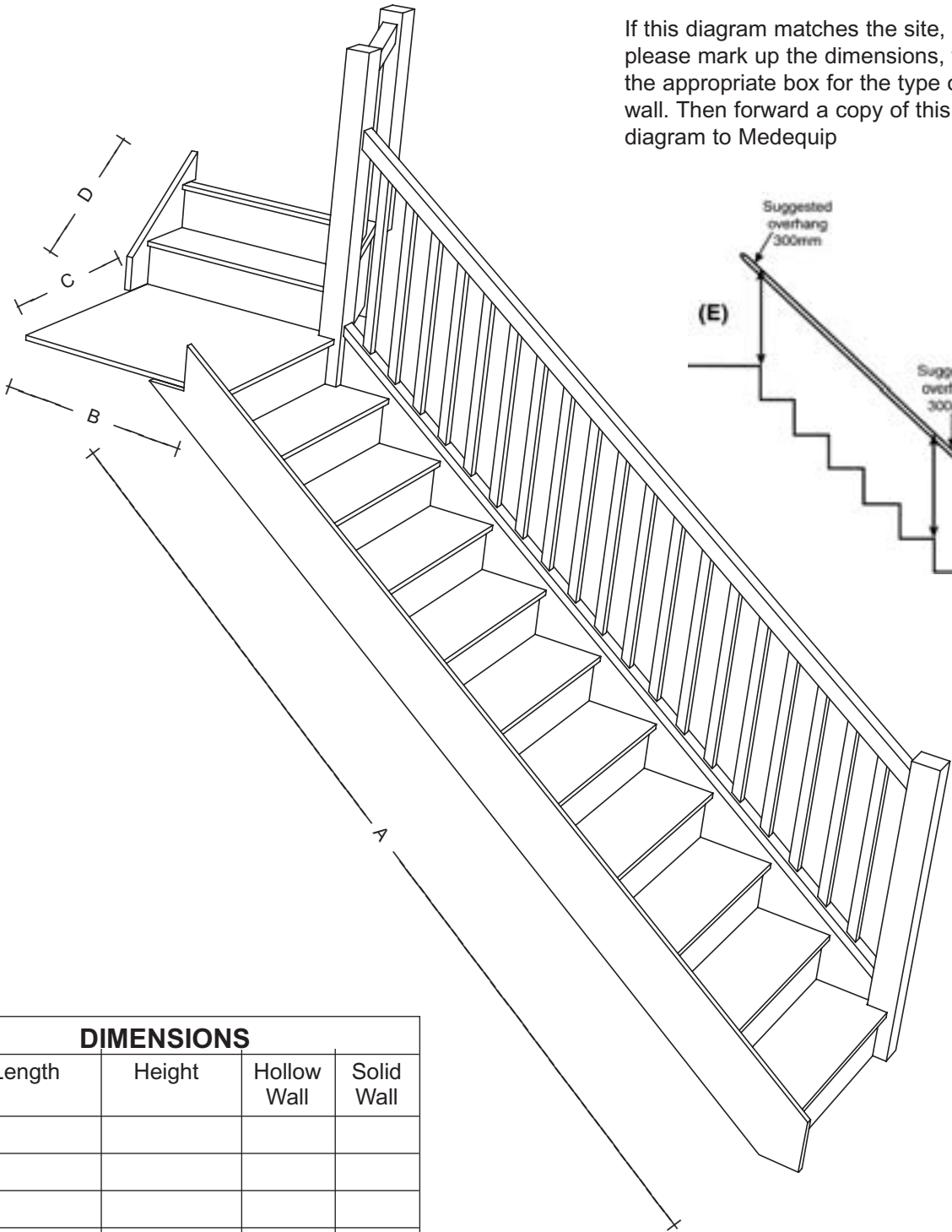


Rails and Minor Adaptations

Requisition No:	Client Name:
PIN No:	Client Address:

QUARTER TURN – RIGHT

If this diagram matches the site, please mark up the dimensions, tick the appropriate box for the type of wall. Then forward a copy of this diagram to Medequip



DIMENSIONS				
Rail	Length	Height	Hollow Wall	Solid Wall
A				
B				
C				
D				
E				
F				