

Ambulatory Surgery Project Information Submittal Form

ATTACHMENT E

Dimension to Provide	Equipment No. on Equipment Plan				
	4	5	7	6	15
A					
B					
C					
D1					
D2					
D3					
E					
F					
G1					
G2					
H1					
H2					
I					
J					
K					
L					
M					
N					
O					
P					
Q					
R					
S					
T					
U1					
U2					
U3					
V					