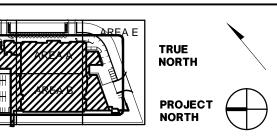




USE FIGURED DIMENSIONS ONLY. DO NOT SCALE. ALL DIMENSIONS SHALL BE VERIFIED ON SITE AND DISCREPANCIES IMMEDIATELY BROUGHT TO THE ATTENTION OF THE PROJECT MANAGER FOR RESOLUTION	"CLOUDS" & REVISIONS ARE INTENDED AS GUIDES AND DO NOT NECESSARILY DESCRIBE THE FULL EXTENT OF REVISIONS. ASCERTAIN FULL EXTENT BY COMPARISON WITH PREVIOUS VERSION.		Subject By Date	Subject By Date	Date Subject By Date REV REVISION DESCRIPTION PROJ. ARCH 1 FIRST ISSUE	Date	REV F	REVISION DESCRIPTION	DATE E	Y REV	V REVISION DESCRIPTION		BYF	REVISION DESCRIPTION	DATE B	3Y	i iu F
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ARTIST IMPRESSION - NORTH EAST VIEW

ARTIST IMPRESSION - NORTH WEST VIEW



Project NORWEST PRIVATE HOSPITAL Block/ Zone **A, B AND D**

ISSUED FOR DGR SUBMISSION

Principal HEALTHSCOPE LIMITED Principal

Checked

AD

Date

15.09.2013 N/A

Scale/s



