

**Deliver To :**

**RECEIPT & DISTRIBUTION CENTRE  
WHISTON HOSPITAL  
STONEY LANE ENTRANCE  
PRESCOT  
MER  
L35 5DR  
GB**

Requested delivery date: 01-01-2024  
Location ID: RBN007E WARD 3F

**Invoice and Payment Enquiries To**

MERSEY AND WEST LANCASHIRE TEACHING  
HOSPITALS NHS TRUST  
RBN PAYABLES B225  
PO BOX 312  
LEEDS  
LS11 1HP  
GB  
Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RBN FORBER, WILL  
Telephone :  
Facsimile No. :  
Email Address : will.forber@sthk.nhs.uk

**Supplier**

**Viamed Ltd**

Customer's Supplier Name:  
VIAMED LTD

**Conditions**

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

| Line | Goods or Services Required                      | Quantity | UOM     | Contract Ref. | Unit Price | Line Value | VAT |
|------|-------------------------------------------------|----------|---------|---------------|------------|------------|-----|
| 1    | 1114005 EYEMASK 2 REGULAR<br>EYE MASK 2 REGULAR | 2        | PACK 20 |               | £56.00     | £112.00    | -   |

Net Total : £112.00  
Carriage : -  
Tax : -  
Total : £112.00