

**Deliver To :**  
**RECEIPT & DISTRIBUTION CENTRE**  
**WHISTON HOSPITAL**  
**STONEY LANE ENTRANCE**  
**PRESCOT**  
**MER**  
**L35 5DR**  
**GB**  
Requested delivery date: 25-10-2024  
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 MCCUE, REBECCA  
Telephone :  
Facsimile No. :  
Email Address : rebecca.mccue@sthk.nhs.uk  
  
Warning : **Order line comments require attention. Please process manually.**

**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	1114006 eyemax2 preemiepack of 20 price as per cat	1	EACH		£55.30	£55.30	-

Net Total : £55.30  
Carriage : -  
Tax : -  
Total : £55.30