

**Deliver To :**

**RECEIPT AND DESPATCH**

**ST HELIER HOSPITAL**

**WRYTHE LANE**

**CARSHALTON**

**SM5 1AA**

**GB**

Requested delivery date: 28-07-2025

Location ID: RVR034F WARD MATERNITY (STH)

**Invoice and Payment Enquiries To**

EPSOM & ST HELIER UNIVERSITY HOSPITAL

RVR PAYABLES 7545

PO BOX 312

LEEDS

LS11 1HP

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RJ7 BAKER, STEVE

Telephone :

Facsimile No. :

Email Address : Steve.Baker@stgeorges.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	R300P03 EyeMax2 Ref:R300P03 - Microas per quote: QVM157864	2	EACH		£68.04	£136.08	-

Net Total : £136.08

Carriage : -

Tax : -

Total : £136.08