

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	R300P01 EyeMax2 Ref: R300P01 - regularas per quote: QVM157864	4	EACH		£68.04	£272.16	-

Net Total : £272.16

Carriage : -

Tax : -

Total : £272.16