PURCHASE ORDER **Page:** 1 of 1

WORCESTERSHIRE ACUTE HOSPITALS NHST

Supplier:
VIAMED LTD

15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

GLN:

Deliver to:
WORCESTERSHIRE ROYAL HOSPITAL
LOADING BAY
CHARLES HASTINGS WAY
WORCESTER, WR5 1DD

Invoice to:
WORCESTERSHIRE ACUTE HOSPITALS NHST
RWP PAYABLES 6485
PO BOX 312
LEEDS, LS11 1HP

0303 123 1177
GLN:

Order Number	305645141
Date	21-JUL-25

If any details concerning the items listed are believed to be incorrect i.e. price, supplier code, item description, supplier name or delivery charge please email full amendments to wah-tr.purchasing@nhs.net.

EORI GB654973788000 must be added to all goods and parcels on dispatch.

Buyer	DARCY RWP LANE
Telephone	
Email	darcy.lane@nhs.net

RWP 183817 NICU- PAEDS

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
2	PACK 20	1114005	EyeMax2 regular	30-JUL-25	56.70	113.40
2	PACK 20	1114006	EyeMax2 Premie	30-JUL-25	56.70	113.40

Total Value of Order (Exc VAT) 226.80

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.