

Order Number : **E451836**

Date : 09-OCT-25

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PURCHASE ORDER

Buckinghamshire Healthcare 
NHS Trust

All Order Price & Delivery charge queries : bht.orders@nhs.net
All Product / Service queries contact : j.paul9@nhs.net
Invoices to : BHT@invoices.oneadvanced.com

Supplier
VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY W.YORKSHIRE

BD20 7DT

Delivery Point
SMH MATERNITY - ROTHSCHILD WARD
GENERAL STORES - SMH
ENTRANCE 2
STOKE MANDEVILLE HOSPITAL
AYLESBURY
BUCKS
HP21 8AL

Invoice Address (only invoice queries to this address)
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST
ACCOUNTS PAYABLE DEPT, AMERSHAM HOSPITAL
WHILDEN STREET, AMERSHAM
BUCKS
HP7 0JD

Vendor No. 104645 **BHT Requisition No.:** R477390 **BHT IDA Code/Description:** 7D7470 SMH MATERNITY - ROTHSCHILD WARD

| Quantity | Unit of Purchase | Product Code | Order Specification | Delivery Required by | Unit Price excluding VAT | Value excluding VAT | VAT |
|----------|------------------|--------------|---|----------------------|--------------------------|---------------------|-----|
| 1.00 | BOX 20 | 1114006 | EyeMax 2 Neonatal Phototherapy Mask - Preemie | 10/10/25 | 56.70 | 56.70 | 01 |
| 1.00 | BOX 20 | 1114005 | EyeMax 2 Neonatal Phototherapy Mask - Regular | 10/10/25 | 56.70 | 56.70 | 01 |

CONDITIONS OF SUPPLY

- Standard NHS Terms and Conditions for goods and/or services will apply unless otherwise agreed and appropriately authorised in writing between the two parties.
- A Delivery Note must accompany each delivery of the goods.
- This order (E451836) must be quoted on all delivery notes, invoices and correspondence.
- Each invoice must refer to one order number only.
- Failure to address correctly as stated on this order will result in a delay in payment.
- Delivery between 0830 and 1600 Monday to Thursday 0830 and 1500 Friday (unless otherwise stated)

| | |
|--------------------------|--------|
| Total Net Value | 113.40 |
| VAT | 22.68 |
| Total Order Value | 136.08 |