

Order Number : **E451841**

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
WHIELDEN STREET, AMERSHAM
BUCKS
HP7 0JD

Vendor No. 104645 **BHT Requisition No.:** R477391 **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	1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular	10/10/25	56.70	56.70	01
1.00	BOX 20	1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie	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 (E451841) 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