



## PURCHASE ORDER

**990140570**

**Order Date:** 19 Nov 2025

**Supplier No:** 003442

**Supp Name** VIAMED

**Address:** 15 STATION ROAD  
CROSSHILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT

**Supp Telephone:** 01535 634542

**Delivery Address:** R/D RECEIPT AND DELIVERY POINT-WGH  
NB ACCESS VIA VICARAGE RD ONLY  
WATFORD GENERAL HOSPITAL  
VICARAGE ROAD  
WATFORD  
DELIVERIES BETWEEN 8AM-1PM  
WD18 0HB

**Queries Contact:** West Herts Hospitals Procurement

**Telephone Number:**

**Order Queries Please Contact:** westherts.buyingteam@nhs.net

**Telephone Extension:**

**Invoice To:** WEST HERTS TEACHING HOSPITALS NHS TRUST  
FINANCE DEPT  
MAPLE HOUSE-UNIT11  
THOMAS SAWYER WAY  
WATFORD  
HERTS  
WD18 0GS

**Email address for invoices and invoice queries:** westherts.accountspayable@nhs.net

**Requisitioner Name:** Amanda Thomas

**Requisition No/Web Ref:** WEB0257119

**Requisitioning Point:** QH3218-WOODLAND NEONATAL (SCBU) WGH

<u>Line Number</u>	<u>Product Code</u>	<u>Product Description</u>	<u>Contract</u>	<u>Order</u>		<u>VAT</u>	<u>Delivery Date</u>	
			<u>Code</u>	<u>Unit of</u>	<u>Order</u>	<u>Unit</u>	<u>Order</u>	<u>Rate</u>
				<u>Purchase</u>	<u>Quantity</u>	<u>Price</u>	<u>Value</u>	
001	1114005	1114005 EyeMax2 Phototherapy Eye - Regular 32 - 38cm		20	5.00	56.70	283.50	20.00 19 Nov 2025
							283.50	

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to wherts-tr.buyingteam@nhs.net

All delivery notes and invoices associated with this purchase order must quote the purchase order number