

Order Type: NORMAL ORDER
Order Number: 100037050
Order Date: 11/12/2025

PLEASE QUOTE THE PURCHASE ORDER NUMBER
 ON ALL CORRESPONDENCE
[PLEASE CLICK HERE TO ACKNOWLEDGE RECEIPT](#)

Order Info:

Requesting Department:
 WALNUT SCBU (GD1461)
 - Level 3, Junction 11 -

Order Requested By: Michele Wright
Procurement Contact: Emily Toms
 07830357504

PAQ Reference:
URN Reference:
General Info:

Supplier:

VIAMED LTD
 15 STATION ROAD CROSS HILLS
 KEIGHLEY
 WEST YORKSHIRE
 BD20 7DT
 Tel No: 01535 634 542

DELIVER TO:

Darent Valley Hospital - Goods Inward
 Darent Valley Hospital
 Darent Wood Road
 Dartford
 Kent
 DA2 8DA
 Tel: 01322 428214
OPENING TIMES: 08:00 to 14:00

Billing:

Dartford & Gravesham NHS Trust
 Darent Wood Road
 Dartford
 Kent
 DA2 8DA

INVOICES MUST BE SENT TO:

dgt.accounts payable@nhs.net

General Invoice Enquiries to:
 Anne Donovan - (07830) 341292

Line No	Item ref	Description	UOM	QOM	Quote / Contract Ref:	Quantity Required	Unit Price	Line Value
001	1114015	NeoMask Neonatal Phototherapy Mask - Type III Large	Pack	20	catalogue VIAMED ONGOING 2025	5.00	46.00	230.00
002	1114016	NeoMask Neonatal Phototherapy Mask - Type III Medium	Pack	20	catalogue VIAMED ONGOING 2025	5.00	46.00	230.00
003	CARRIAGE 5+ PACKS	Carriage 5+ packs QVM160581	Each	1	catalogue VIAMED ONGOING 2025	1.00	12.00	12.00

Conditions of Order

1. Unless specified otherwise, this order is subject to the appropriate NHS Conditions of Contract which will be advised by the Trust on Application or by visiting <https://www.england.nhs.uk/nhs-terms-and-conditions-for-the-procurement-of-non-clinical-goods-and-services/>

2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number.
3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements, etc.
4. **Goods will be received only between 08.00 and 14.00 Monday to Friday.**
5. It is a condition of this order that the property and risk of the goods shall lie with the supplier until the goods have been accepted at the specified delivery address as per the contract conditions.
6. Invoices must be sent to the address indicated above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier in accordance with the Trusts 'No Purchase Order, No Pay' policy.

VAT Excl : 472.00

Total VAT: 94.40

Order Total : 566.40