

Order Date : 17-12-2025

Order No : 333241910

Must be quoted on all correspondence.

Deliver To :

RECEIPT AND DISTRIBUTION
 ROYAL SURREY COUNTY HOSPITAL
 EGERTON ROAD
 GUILDFORD
 GU2 7XX
 GB

Requested delivery date: 18-12-2025
 Location ID: MA2185V SHERE WARD (V) (IMS)

Invoice and Payment Enquiries To

HEALTHCARE PARTNERS LIMITED
 MA2 PAYABLES F755
 PO BOX 312
 LEEDS
 LS11 1HP
 GB
 Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : MA2 HPL, CPA

Telephone :

Facsimile No. :

Email Address : rsch.hplcpa@nhs.net

SupplierViamed LtdCustomer's Supplier Name:
VIAMED LTD**Conditions**

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REG	1	PACK 20	333000069	£55.30	£55.30	-

Net Total : **£55.30**
 Carriage : -
 Tax : -
 Total : **£55.30**