

Date: 05/01/2026  
Requisition No: 100517672

Order Type: NORMAL ORDER  
Order Number: 500513047  
Please quote the Purchase Order Reference on all correspondence

# Maidstone and Tunbridge Wells

NHS Trust



|  |   |   |   |
|--|---|---|---|
| <b>Supplier :</b><br>VIAMED<br>15 STATION ROAD<br>CROSS HILLS<br>KEIGHLEY<br>WEST YORKSHIRE<br><br>BD20 7DT<br><br>Tel No: 001535 634542<br>Fax No: 1535635582 | <b>Invoice To :</b><br><a href="mailto:mtw-tr.payables@nhs.net">mtw-tr.payables@nhs.net</a><br><br>or<br><br>Accounts Payable , Finance Department<br>Unit F, Hermitage Court<br>Hermitage Lane<br>Maidstone, Kent<br>ME16 9NT<br><br>Tel: 01622 224315 | <b>Deliver To:</b><br>NEONATAL<br>GREEN ZONE, LEVEL 2<br>MAIN STORES<br>TUNBRIDGE WELLS HOSPITAL<br>TONBRIDGE ROAD, PEMBURY<br>TUNBRIDGE WELLS, KENT<br>TN2 4QJ | <b>Other Info:</b><br><br><b>Requesting Department:</b><br>NEONATAL (602012)<br><br><b>Order Requested By:</b><br>Powell, Cindi<br><br><b>General Info:</b><br><br><b>General Order Enquiries to:</b><br>The Purchasing Department (01622) 225329<br><a href="mailto:mtw-tr.procurement@nhs.net">mtw-tr.procurement@nhs.net</a> |
|--|---|---|---|

| Line No. | Item ref | Description                                      | Pack / Box Size | Delivery Date: | Quantity Required | Unit Price | Line Value |
|----------|----------|--|-----------------|----------------|-------------------|------------|------------|
| 001      | 1114005  | MASK EYEMAX 2 PHOTOTHERAPY REGULAR BLUE 32-38CM  | 20              | 07/01/2026     | 1.00              | 56.70      | 56.70      |
| 002      | 1114006  | MASK EYEMAX 2 PHOTOTHERAPY PREMIE ORANGE 26-26CM | 20              | 07/01/2026     | 1.00              | 56.70      | 56.70      |

[CLICK HERE TO ACKNOWLEDGE RECEIPT OF THIS ORDER](#) (For Supplier Use ONLY)

## Conditions of Order

- 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.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
- All goods must be accompanied by a delivery note quoting the above Purchase Order Number .
- The above order number must be quoted on all advice notes , delivery notes, correspondence, invoices, acknowledgements etc .
- Goods will be received only between 07:00 and 17:00 ( Maidstone Hospital ) and 07:00 to 16:00 ( Tunbridge Wells Hospital at Pembury ) Monday to Friday .
- 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 .
- 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 .
- We are an end user for the purposes of section 55A VAT Act 1994 reverse charge for building and construction services . Please issue us with a normal VAT invoice , with VAT charged at the appropriate rate . We account for the reverse charge .

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|-------------|--------|
| VAT Excl :  | 113.40 |
| Total VAT:  | 22.68  |
| Order Total | 136.08 |