

Deliver To :

RECEIPT AND DESPATCH
ST HELIER HOSPITAL
WRYTHE LANE
CARSHALTON
SM5 1AA
GB

Requested delivery date: 10-01-2026
Location ID: RVR0345 WARD M5 (STH)

Invoice and Payment Enquiries To

EPSOM & ST HELIER UNIVERSITY HOSPITAL
RVR PAYABLES 7545
PO BOX 312
LEEDS
LS11 1HP
GB
Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RJ7 DANDY-GILL, NATHAN

Telephone :

Facsimile No. :

Email Address : Nathan.DandyGill@stgeorges.nhs.uk

Supplier

Viamed Ltd

Customer'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	R300P01 EyeMax 2 Neonatal Mask - RegularRef: R300P01Pack of 20	10	EACH		£56.70	£567.00	-

Net Total : **£567.00**
Carriage : -
Tax : -
Total : **£567.00**