



## Supplier:

VIAMED LTD

15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT

GLN:

**Buyer** HALEY RWP COOK

**Telephone**

**Email** haleycCook@nhs.net

RWP 183817 NICU- PAEDS

**Deliver to:**

WORCESTERSHIRE ROYAL HOSPITAL  
LOADING BAY  
CHARLES HASTINGS WAY  
WORCESTER. WR5 1DD

**Invoice to:**

WORCESTERSHIRE ACUTE HOSPITALS  
NHST  
RWP PAYABLES 6485  
PO BOX 312  
LEEDS. LS11 1HP

0303 123 1177  
GLN:

<b>Order Number</b>	305671312
<b>Date</b>	12-JAN-26

If any details concerning the items listed are believed to be incorrect i.e. price, supplier code, item description, supplier name or delivery charge please email full amendments to [wah-tr.purchasing@nhs.net](mailto:wah-tr.purchasing@nhs.net).

EORI GB654973788000 must be added to all goods and parcels on dispatch.

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
2 PACK 20		r300p02	eyemax mask orange	22-JAN-26	56.70	113.40
2 PACK 20		r300p01	eyemax mask blue	22-JAN-26	56.70	113.40
Total Value of Order (Exc VAT)						226.80

**Instructions to Supplier:** This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.