

**ENQUIRIES**

About this Order: MATMAN INTERFACE  
eMail: uhl-tr.UHLSupplies@nhs.net

General Queries: uhl-tr.procurementmailbox@nhs.net

UHL Internal Ref: 381933

**DELIVER TO**

N.I.C.U. LGH  
C/O RECEIPTS AND DISTRIBUTION  
LEICESTER GENERAL HOSPITAL  
GWENDOLEN ROAD  
LEICESTER  
LE5 4PW

**SUPPLIER**

VIAMED LIMITED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
orders@viamed.co.uk

Tel: 01535 634542

**INVOICE ADDRESS**

Accounts Payable Department  
PO BOX 189  
Leicester Royal Infirmary  
LE1 5WP  
Email: uhl-tr.accounts payable@nhs.net  
NHS Code: RWE.

**DETAILS****PURCHASE ORDER MM181653**

ORDER DATE: 13/01/26

UHL CUST A/C NO: Please advise

SUPPLIER No: 100437

DELIVER BY: 14/01/26

DELIVERY POINT: L60412

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000 A	C331692	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	12.00	12.00
1VML00012	C331692	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	56.70	56.70
<b>CONDITIONS OF SUPPLY</b>		1. All invoices must quote Official Order No. and be rendered as directed. 2. All goods must be accompanied by a Delivery Note quoting Purchase Order No. 3. This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.					
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