

**Official Purchase Order**

**Order Number : 444106413**

**Order Date : 23 Mar 2026**

**All goods MUST be delivered to the address stated within the purchase order and MUST be signed for at the time of delivery, failure to get a signature will result in a credit being requested if a delivery goes missing.**

**We will not be liable for missing items that have not been signed for.**

**Any deliveries to Kings Mill Hospital Goods Receipt Point - use the entrance off the A6075 at all times. Opening Times are 08:00 to 16:00 Monday to Friday.**

**INVOICES must be sent to the ACCOUNTS PAYABLE DEPT.**

Supplier Details:	02428 VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY W. YORKS BD20 7DT
Telephone No.:	01535 634542
Deliver To:	GOODS RECEIPT POINT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL
Invoice To:	FINANCE DEPARTMENT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL
In case of Query please contact:	WEB BUYER 01623 622515 EXT 4242
Requisition Point Description:	NEONATAL INTENSIVE CARE UNIT
Paper / Web Ref:	
Requisition Number:	000204027

Line No.	Product Details	Order			Deliver By	Contract Reference	For Trust Internal Use
		Quantity	Price Excl VAT	Value Excl VAT			
001	1114005.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR 32-38CM PACK OF 20 BOX OF 20	2	56.70	113.40	25 Mar 2026	PUR485/0003	WP06283240300
002	1114006.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREMIE 26-32CM PACK OF 20 BOX OF 20	2	56.70	113.40	25 Mar 2026	PUR485/0002	WP06283240300
				<b>226.80</b>			

**Terms and Conditions**

All orders are placed against NHS Terms and Conditions. To view a copy, please use the above link to visit the DoH website.