

**PURCHASE ORDER**

14 May 2026  
08:46:29



**990142249**

**Order Date:** 14 May 2026

**Supplier Name/Address:** 003442 : VIAMED  
15 STATION ROAD  
CROSSHILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT

**Supplier Telephone:** 01535 634542  
**Fax:** 01535 635582

**Delivery Location:** R/D RECEIPT AND DELIVERY POINT-WGH  
NB ACCESS VIA VICARAGE RD ONLY  
WATFORD GENERAL HOSPITAL  
VICARAGE ROAD  
WATFORD  
DELIVERIES BETWEEN 8AM-1PM  
WD18 0HB

**Queries Contact::** West Herts Hospitals Procurement

**Telephone Number:**

**Order Queries Please Contact::** westherts.buyingteam@nhs.net

**Extension:**

**Invoice To:** WEST HERTS TEACHING HOSPITALS NHS TRUST  
FINANCE DEPT  
MAPLE HOUSE-UNIT11  
THOMAS SAWYER WAY  
WATFORD  
HERTS  
WD18 0GS

**Email address for invoices and invoice queries::** westherts.accountspayable@nhs.net

**Budget Holder:** Amanda Thomas

**Requisition No/Web Ref:** WEB0264186

**Requisitioning Point:** QH3218-WOODLAND NEONATAL (SCBU) WGH

<u>Line No</u>	<u>Product Code</u>	<u>Product Description</u>	<u>Contract Code</u>	<u>Unit of Purchase</u>	<u>Order Quantity</u>	<u>Unit Price</u>	<u>Order Value</u>	<u>Contract or Supplier Reference</u>	<u>VAT Rate</u>	<u>Delivery Date</u>
001	1114005 -	EyeMax2 Phototherapy Eye - Regular 32 - 38cm			3.00	58.90	176.70		20.00	13 May 2026
002	1114006 -	EyeMax2 Phototherapy Eye - Premie 26 - 32cm			3.00	58.90	176.70		20.00	13 May 2026

**Order Total** **353.40**

Notes

CONDITIONS OF ORDER

1. All Invoices must quote our Purchase Order number and be sent to the Invoice Address shown.
2. All goods must be accompanied by a Delivery Note quoting our Purchase Order Number.
3. Unless otherwise specified this Purchase Order is subject only to NHS Terms and Conditions for the supply of Goods as detailed on the NHS PASA website: [www.pasa.doh.gov.uk/purchasing/termsconditions](http://www.pasa.doh.gov.uk/purchasing/termsconditions) Signed:

For and on behalf of the Trust

Enquiries concerning this order to: West Herts Hospitals Procurement Tel: