



# Purchase Order

# Chelsea and Westminster Hospital **NHS**

West Middlesex University Hospital

NHS Foundation Trust

West Middlesex University Hospital  
Twickenham Road  
Isleworth  
Middlesex TW7 6AF  
Direct Tel: 020 8321 5326  
Direct Fax: 020 8321 2588

**ENQUIRIES TO:**  
Procurement Department  
Email: chelwest.procurement@nhs.net  
Accounts Payable Department:  
Email: chelwest.apinvoices.wmuh@nhs.net

**SEND INVOICE TO::**  
Chelsea and Westminster Hospital NHS Foundation Trust  
West Middlesex University Hospital Site  
Finance Department, 2nd Floor East Wing  
Twickenham Road, Isleworth, TW7 6AF


**SUPPLIER**  
VIAMED  
15 STATION ROAD  
CROSSHILLS  
KEIGHLEY  
W YORKS  
BD20 7DT

**DELIVER TO / EXECUTE WORK AT**  
R & D (WM)  
WEST MIDDLESEX UNIVERSITY HOSPITAL  
TWICKENHAM ROAD  
ISLEWORTH  
MIDDLESEX  
TW7 6AF

**DETAILS**  
ORDER NUMBER: **CW259410**  
DATE: 19/05/26  
SUPPLIER No: VIAME  
SITE No: 1871  
DELIVERY DATE: 20/05/26  
REQ. No: R344318

CODE	DESCRIPTION	UNIT	No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
1114005	1114005 / EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REGULAR	Pack of 20	4.0		56.70	226.80	20.00

1. This purchase order is placed against the NHS standard terms and conditions.
2. All goods to be dispatched carriage paid unless specified on the order.
3. No additions to this order are to be supplied without confirmation from the Procurement Office.
4. A delivery note quoting this official order number must accompany all goods.
5. Any alteration in price(s) as shown on this order must be agreed by the Procurement Office before the order is executed.
6. All goods to be delivered in accordance with the COSHH regulations.
7. Invoices that do not quote this official order number will be returned to the supplier.
8. Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated

  
For and on behalf  
of the Trust

<b>Total Net</b>	226.80
<b>Total VAT</b>	45.36
<b>Total Value</b>	<b>272.16</b>