

Order Date : 01-06-2026

Order No : 365026381

Must be quoted on all correspondence.

Deliver To :
BUILDING 2 RWT - NEW CROSS HOSP
WOLVERHAMPTON ROAD
WOLVERHAMPTON
WV10 0QP
GB
 Requested delivery date: [specified at line level]
Warning: Not all supplier's systems support more than one requested delivery date
 Location ID: RL41521 MATERNITY WARD D10

Invoice and Payment Enquiries To
 THE ROYAL WOLVERHAMPTON NHS TRUST
 RL4 PAYABLES G175
 PO BOX 312
 LEEDS
 LS11 1HP
 GB
 Tel: 0303 123 1177

All enquiries regarding this order to:
 Contact : RL4 CREDALI, SERENA
 Telephone :
 Facsimile No. :
 Email Address : serena.credali@nhs.net

Supplier

Viamed Ltd

Customer's Supplier Name:
 VIAMED LTD

Conditions

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 1114005 - Eyemax 2 Phototherapy Mask Regular Requested delivery date: 02-06-2026	2	PACK 20	365000496	£58.90	£117.80	-
2	1114006 1114006 - Eyemax 2 Phototherapy Mask Premium Requested delivery date: 02-06-2026	1	PACK 20	365000496	£58.90	£58.90	-

Net Total : **£176.70**
 Carriage : -
 Tax : -
 Total : **£176.70**