

**Deliver To :**

**RECEIPT AND DESPATCH**

**ST HELIER HOSPITAL**

**WRYTHE LANE**

**CARSHALTON**

**SM5 1AA**

**GB**

Requested delivery date: 13-07-2026

Location ID: RVR0345 WARD M5 (STH)

**Invoice and Payment Enquiries To**

EPSOM & ST HELIER UNIVERSITY HOSPITAL

RVR PAYABLES 7545

PO BOX 312

LEEDS

LS11 1HP

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RJ7 DANDY-GILL, NATHAN

Telephone :

Facsimile No. :

Email Address : Nathan.DandyGill@stgeorges.nhs.uk

**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 20<br>EyeMax2 Regular Part No 1114005 20 blue .              | 1        | EACH |               | £58.90     | £58.90     | -   |
| 2    | 1114006<br>EyeMax2 Regular Part No 1114006 premie orange Ref R300PO3 | 1        | EACH |               | £58.90     | £58.90     | -   |

Net Total : £117.80  
Carriage : -  
Tax : -  
Total : £117.80