

Order Date : 31-03-2020

Order No : **061729**

Must be quoted on all correspondence.

**Deliver To :**

PORTLAND HOSPITAL  
PORTLAND HOSPITAL  
205-209 GREAT PORTLAND S  
LONDON  
W1W 5AH

Requested delivery date: 31-03-2020

**Invoice and Payment Enquiries To**

HCA HEALTHCARE UK  
ACCOUNTS PAYABLE  
215 GREAT PORTLAND ST  
LONDON  
W1W 5PN

All enquiries regarding this order to:

Contact : ALBERT.MCFARQUHAR@HCAHEALTHCARE.CO.UK

Telephone :

Facsimile No. : W1W 5AH

Email Address :

**Supplier****Viamed Ltd****Conditions**

THIS ORDER IS SUBJECT TO STANDARD HCA 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. CONTACT - purchasing@hcahealthcare.co.uk

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 MASK PHOTOTHERAPY REGULAR	1	BX		£34.50	£34.50	£0.00

Net Total : **£34.50**

Carriage : -

Tax : **£0.00**Total : **£34.50**