

Order Date : 15-12-2021

Order No : **333123965**

Must be quoted on all correspondence.

**Deliver To :**

**RECEIPT AND DISTRIBUTION**  
**ROYAL SURREY COUNTY HOSPITAL**  
**EGERTON ROAD**  
**GUILDFORD**

GU2 7XX

GB

Requested delivery date: 16-12-2021

Location ID: MA2127V SPECIAL CARE (SCBU) (V)  
(IMS)**Invoice and Payment Enquiries To**

HEALTHCARE PARTNERS LIMITED  
 MA2 PAYABLES F755  
 PHOENIX HOUSE, TOPCLIFFE LANE  
 WAKEFIELD

WF3 1WE

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : MA2 MITCHELL, VIOLET

Telephone :

Facsimile No. :

Email Address : violet.mitchell@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 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REG	1	PACK 20	333000069	£42.50	£42.50	-
2	1114006 EYEMAX2 NEONATAL PHOTOTHERAPY MASK PREEMIE	1	PACK 20	333000069	£40.76	£40.76	-

Net Total : **£83.26**

Carriage : -

Tax : -

Total : **£83.26**