

Order Date : 16-03-2022

Order No : **333130721**

Must be quoted on all correspondence.

**Deliver To :****RECEIPT AND DISTRIBUTION  
ROYAL SURREY COUNTY HOSPITAL  
EGERTON ROAD  
GUILDFORD****GU2 7XX****GB**

Requested delivery date: 17-03-2022

Location ID: MA2185V SHERE WARD (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	-

Net Total : **£42.50**

Carriage : -

Tax : -

Total : **£42.50**