

## PURCHASE ORDER

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HEALTHCARE PARTNERS LIMITED



## Supplier:

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY, WEST YORKSHIRE BD20 7DT

1535634542  
GLN:210076186

Buyer VIOLET, MA2 MITCHELL

Telephone

Email violet.mitchell@nhs.net

MA2127V SPECIAL CARE (SCBU) (V) (IMS)

## Deliver to:

RECEIPT AND DISTRIBUTION  
ROYAL SURREY COUNTY HOSPITAL  
EGERTON ROAD  
GUILDFORD, GU2 7XX

## Invoice to:

HEALTHCARE PARTNERS LIMITED  
MA2 PAYABLES F755  
PHOENIX HOUSE, TOPCLIFFE LANE  
WAKEFIELD, WF3 1WE

0303 123 1177  
GLN:

Order Number

333144651

Date

13-SEP-22

This order is subject to the standard HPL Terms and Conditions of contract.  
For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.

| Quantity Required | U.O.M   | Supplier Part Number: | Description                             | Delivery Date | Unit Price (Inc Discount) | Line Value GBP |
|-------------------|---------|-----------------------|---|---------------|---------------------------|----------------|
| 1                 | PACK 20 | 1114005               | EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REG | 14-SEP-22     | 48.00                     | 48.00          |
| 1                 | EACH    |                       | carriage                                | 22-SEP-22     | 6.00                      | 6.00           |

Total Value of Order (Exc VAT)

54.00

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