

Viamed Ltd
 15 Station Road
 Cross Hills
 Keighley, West Yorkshire
 BD20 7DT, United Kingdom
 Tel: +44 (0) 1535 634542
 Fax: +44 (0) 1535 635582
 Email: info@viamed.co.uk
 VAT Reg No: GB287389593
 Company Reg No: 01291765
 Eori No: GB287389593000

Viamed Ltd



Delivery Address

Peterborough City Hospital
 Central Stores
 Edith Cavell Campus
 Bretton
 Peterborough
 PE3 9GZ

Invoice Address

North West Anglia NHS FT
 RGN Payables 7455
 PO Box 312
 Leeds
 LS11 1HP

Contact Name

Contact Tel

: Sharon Skeels

: 01480418769

Account

Customer Reference

Date

Priority

00004113

233358595

09 Jun 2025

3

Priced In

UK Pounds

Order Confirmation CVM157185

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CIP Carriage and Insurance Paid To Peterborough City Hosp, UK * Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	3	56.70	11.34	204.12
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net: 352.20

Total Vat: 70.44

Total: 422.64

Banking details

Bank

Sort Code

Account Number

IBAN

BIC

Terms and conditions

BIC

Barclays Bank PLC

20-78-42

00906662

GB05BUKB20784200906662

BUKBGB22

https://www.viamed.co.uk/terms