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# Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Purchasing
West Cumberland Hospital Receipt And Distribution Homewood Road Whitehaven CA28 8JG	North Cumbria Integrated Care NHS FT Accounts Payable Parkhouse Building Kingmoor Park Baron Way Carlisle CA6 4SJ	Contact Tel	: 01524511910
		Account	00000970
		Customer Reference	RNNN400282842
		Date	27 Aug 2025
		Priority	3

**Order Confirmation CVM158673** Priced In UK Pounds  
 CIP Carriage and Insurance Paid To West Cumberland Hospital, UK \* Incoterms(R) 2020 Page 1

Your Viamed Contact for this Order Confirmation : [sophie.lines@viamed.co.uk](mailto:sophie.lines@viamed.co.uk)

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114015	NeoMask Neonatal Phototherapy Mask Model: Type III - Large. Pack of 20.	1	46.00	9.20	55.20
1114016	NeoMask Neonatal Phototherapy Mask Model: Type III - Medium. Pack of 20.	1	46.00	9.20	55.20
1114017	NeoMask Neonatal Phototherapy Mask Model: Type III - Small. Pack of 20	1	46.00	9.20	55.20
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

Total Net:	148.00
Total Vat:	29.60
<b>Total:</b>	<b>177.60</b>

Banking details	BIC
Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22
Terms and conditions	<a href="https://www.viamed.co.uk/terms">https://www.viamed.co.uk/terms</a>