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Viamed Ltd



Delivery Address

Wrexham Maelor Hospital
 Parcel Receiving Office
 Croesnewydd Road
 Wrexham
 LL13 7TD

Invoice Address

Betsi Cadwaladr University Health Board
 PO Box 117
 Pontypool
 NP4 4DP

Contact Name

Contact Tel

: Womens Health

: 01978291100

Account

Customer Reference

Date

Priority

00005500

10160912

28 Aug 2025

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Order Confirmation CVM158703

Priced In

UK Pounds

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CIP Carriage and Insurance Paid To Wrexham Maelor Hospital, UK * Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard	1	8.00	1.60	9.60

Total Net: 64.70

Total Vat: 12.94

Total: 77.64

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>