

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

Norfolk and Norwich University Hospital
 RM1 Childrens Assessment Unit
 Colney Lane
 Norwich
 NR4 7UY

Invoice Address

Norfolk And Norwich UH FT
 RM1 Payables G105
 PO Box 312
 Leeds
 LS11 1HP

Contact Name
 Contact Tel

: Junior Buyer
 : 01603286120

Account
 Customer Reference
 Date
 Priority

00003890
 358071053
 07 Nov 2025
 3

Order Confirmation CVM160031

Priced In

UK Pounds

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

Your Viamed Contact for this Order Confirmation : kate.griffiths@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
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

Total Net: 123.40
 Total Vat: 24.68
 Total: 148.08

Banking details
 Bank BIC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN GB05BUKB20784200906662
 BIC BUKGB22
 Terms and conditions <https://www.viamed.co.uk/terms>