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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Procurement
		Contact Tel	: 02083215326
West Middlesex University Hospital	Chelsea And Westminster Hospital NHSFT	Account	00002340
R And D Department	West Middlesex University Hospital Site	Customer Reference	CW251134
Twickenham Road	Finance Department 2nd Floor East Wing	Date	18 Dec 2025
Isleworth	Twickenham Road	Priority	3
Middlesex	Isleworth		
TW7 6AF	TW7 6AF		

Order Confirmation CVM160805 Priced In UK Pounds
 CIP Carriage and Insurance Paid To West Middlesex University Hosp, * Incoterms(R) 2020 Page 1

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	4	56.70	11.34	272.16

PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00
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Total Net:	236.80
Total Vat:	47.36
Total:	284.16

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