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Viamed Ltd



Delivery Address

Norfolk and Norwich Uni Hospital
 RM1 Buxton Ward WV4997
 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
 358078582
 08 Jan 2026
 3

Order Confirmation CVM161109

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