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# Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Procurement
		Contact Tel	: 02033221935
North Middlesex University Hospital	Royal Free London NHSFT	Account	00003070
ATX241 Sunrise Neonatal Unit	Accounts Payable Finance Department	Customer Reference	RF032540
C105 - Receipt And Delivery Refurb	Enfield Civic Centre (10th Floor)	Date	22 Jan 2026
Sterling Way	Silver Street	Priority	3
London	Enfield		
N18 1QX	EN1 3ES		

**Order Confirmation CVM161366** Priced In UK Pounds  
 CIP Carriage and Insurance Paid To North Middlesex Uni Hospital, UK \* Incoterms(R) 2020 Page 1

Your Viamed Contact for this Order Confirmation : emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	56.70	11.34	136.08
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	4	56.70	11.34	272.16
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40
				<b>Total Net:</b>	<b>352.20</b>
				<b>Total Vat:</b>	<b>70.44</b>
				<b>Total:</b>	<b>422.64</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>