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# Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Procurement
Chelsea and Westminster Hospital Receipt And Distribution Stores 369 Fulham Road London SW10 9NH	Chelsea And Westminster Hospital NHSFT West Middlesex University Hospital Site Finance Department 2nd Floor East Wing Twickenham Road Isleworth TW7 6AF	Contact Tel	: 02083215326
		Account	00002824
		Customer Reference	CW253412
		Date	04 Feb 2026
		Priority	3

**Order Confirmation CVM161624** Priced In UK Pounds  
 CIP Carriage and Insurance Paid To Chelsea And Westminster Hosp, UK \* Incoterms(R) 2020 Page 1

Your Viamed Contact for this Order Confirmation : [emily.morton@viamed.co.uk](mailto:emily.morton@viamed.co.uk)

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
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	10.00	2.00	12.00
				<b>Total Net:</b>	<b>123.40</b>
				<b>Total Vat:</b>	<b>24.68</b>
				<b>Total:</b>	<b>148.08</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>