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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
ATX231 Maternity And Transitional	Accounts Payable Finance Department	Customer Reference	RFG034976
Care C105 - Receipt And Deliv Refurb	Enfield Civic Centre (10th Floor)	Date	31 Mar 2026
Sterling Way	Silver Street	Priority	3
London	Enfield		
N18 1QX	EN1 3ES		

**Order Confirmation CVM162707** Priced In UK Pounds  
 CIP Carriage and Insurance Paid To North Middlesex Uni Hospital, UK \* Incoterms 2020 Page 1

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
				<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	BUKGB22
Terms and conditions	<a href="https://www.viamed.co.uk/terms">https://www.viamed.co.uk/terms</a>