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Viamed Ltd



Delivery Address

Wrexham Maelor Hospital
 Parcel Receiving Office
 Croesnewydd Road
 Wrexham
 LL13 7TD

Invoice Address

Betsi Cadwaladr University Health Board
 PO Box 117
 Pontypool
 NP4 4DP

Contact Name
 Contact Tel

: Procurement
 : 01978291100

Account
 Customer Reference
 Date
 Priority

00005500
 10305041
 06 Jul 2026
 3

Order Confirmation CVM164532

Priced In

UK Pounds

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CIP Carriage and Insurance Paid To Wrexham Maelor Hospital, UK * Incoterms 2020

Your Viamed Contact for this Order Confirmation : 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	58.90	11.78	70.68
PPUPS1	UPS Courier Delivery - Standard	1	8.00	1.60	9.60

Total Net: 66.90
 Total Vat: 13.38
 Total: 80.28

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