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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Julia Barry
		Contact Tel	: 02083215326
Chelsea and Westminster Hospital	Chelsea And Westminster Hospital NHSFT	Account	00002824
Receipt And Distribution	West Middlesex University Hospital Site	Customer Reference	CW246612
Stores	Finance Department 2nd Floor East Wing	Date	07 Oct 2025
369 Fulham Road	Twickenham Road	Priority	3
London	Isleworth		
SW10 9NH	TW7 6AF		

Order Confirmation CVM159404

Priced In

UK Pounds

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CIP Carriage and Insurance Paid To Chelsea And Westminster Hosp, 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	8	56.70	11.34	544.32
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net:	465.60
Total Vat:	93.12
Total:	558.72

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