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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Heather Graham
		Contact Tel	: 02033221935
North Middlesex University Hospital	Royal Free London NHSFT	Account	00003070
ATX12C Hospital At Home	Accounts Payable Finance Department	Customer Reference	RFL663665
C105 Receipt And Delivery Refurb	Enfield Civic Centre (10th Floor)	Date	08 Oct 2025
Sterling Way	Silver Street	Priority	3
London	Enfield		
N18 1QX	EN1 3ES		

Order Confirmation CVM159422

Priced In

UK Pounds

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CIP Carriage and Insurance Paid To North Middlesex Uni Hospital, 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	2	56.70	11.34	136.08
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

Total Net:	236.80
Total Vat:	47.36
Total:	284.16

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