

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
P.O. Box HM1839 Hamilton HMGX,  
Bermuda  
1(441)293-5476  
info@nmac.bm

## Billing Address

Dr Kyjuan Brown  
drbrown@nmac.bm  
4417058080  
7 Northshore Medical Center

## Shipping Address

|           |                   |
|-----------|-------------------|
| Invoice # | -0-1              |
| Order No. | ORD-2023-0003-2-1 |
| Date      | Oct 16, 2023      |
| Amount    | \$60.75           |

| Product                    | Rate   | Quantity | Price   |
|----------------------------|--------|----------|---------|
| Legal Pad                  | \$3.15 | 5        | \$15.75 |
| Sharps Container 5 QT/4.8L | \$9.00 | 5        | \$45.00 |

|                 |         |
|-----------------|---------|
| Total           | \$60.75 |
| Shipping Charge | \$0.00  |
| Discount        | \$0     |
| Sub Total       | \$60.75 |