

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 #	INV-2023-0004-2
Order No.	ORD-2023-0003-2
Date	Oct 16, 2023
Amount	\$12.15

Product	Rate	Quantity	Price
Legal Pad	\$3.15	1	\$3.15
Sharps Container 5 QT/4.8L	\$9.00	1	\$9.00

Total	\$12.15
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$12.15