

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
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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-2023-0004-5-1
Order No.	ORD-2023-0003-5-1
Date	Oct 18, 2023
Amount	\$45.00

Product	Rate	Quantity	Price
Sharps Container 5 QT/4.8L	\$9.00	5	\$45.00

Total	\$45
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$45.00