

# 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-2023-0004-6
Order No.	ORD-2023-0003-6
Date	Oct 17, 2023
Amount	\$9.00

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

Total	\$9
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$9.00