

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-2023-0004-7-1 |
| Order No. | ORD-2023-0003-7-1 |
| Date | Oct 17, 2023 |
| Amount | \$31.50 |

| Product | Rate | Quantity | Price |
|-----------|--------|----------|---------|
| Legal Pad | \$3.15 | 10 | \$31.50 |

| | |
|-----------------|---------|
| Total | \$31.5 |
| Shipping Charge | \$0.00 |
| Discount | \$0 |
| Sub Total | \$31.50 |