

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-2023-0066
Order No.	ORD-2023-0064
Date	Jan 01, 1970
Amount	\$6.30

Product	Rate	Quantity	Price
Legal Pad	\$3.15	2	\$6.30

Total	\$6.3
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$6.30