

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-2023-0068 |
| Order No. | ORD-2023-0068 |
| Date | Jan 01, 1970 |
| 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 |