

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-2023-0137
Order No.	ORD-2023-0136
Date	Dec 15, 2023
Amount	\$45.30

Product	Rate	Quantity	Price
Free Radical Test	\$45.30	1	\$45.30

Total	\$45.3
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$45.30