

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-2023-0145
Order No.	ORD-2023-0144
Date	Dec 27, 2023
Amount	\$650.00

Product	Rate	Quantity	Price
Juvederm Ultra 2(2*0.55ML)	\$130.00	3	\$390.00
Juvederm Ultra 1	\$130.00	2	\$260.00

Total	\$650
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$650.00