

INVOICE



BGPO.BM

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Billing Address

Dr Kyjuan Brown
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7 Northshore Medical Center

Shipping Address

Invoice #	INV-2024-0197
Order No.	ORD-2024-0196
Date	Mar 07, 2024
Amount	\$1140.00

Product	Rate	Quantity	Price
JUVEDERM VOLITE 2 X 1ML	\$305.00	3	\$915.00
HYALURONIDASE AMP 1500IU 1ML (10)	\$225.00	1	\$225.00

Total	\$1140
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$1140.00