

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-2024-0212
Order No.	ORD-2024-0211
Date	Mar 19, 2024
Amount	\$1367.60

Product	Rate	Quantity	Price
PROACT Bacterial/ Viral Filter With Mouthpiece	\$21.96	10	\$219.60
Juvederm Voluma Lidocaine (2x1ml)	\$185.00	6	\$1110.00
Sharps Container 8 Gallon	\$29.00	1	\$29.00
Sharps Container 5 QT/4.8L	\$9.00	1	\$9.00

Total	\$1367.6
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$1367.60