

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-2024-0236
Order No.	ORD-2024-0235
Date	Apr 08, 2024
Amount	\$1110.00

Product	Rate	Quantity	Price
BOTOX VIAL 100IU (1)	\$185.00	6	\$1110.00

Total	\$1110
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$1110.00