

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-2024-0304 |
| Order No. | ORD-2024-0303 |
| Date | Jun 10, 2024 |
| Amount | \$370.00 |

| Product | Rate | Quantity | Price |
|----------------------|----------|----------|----------|
| BOTOX VIAL 100IU (1) | \$185.00 | 2 | \$370.00 |

| | |
|-----------------|----------|
| Total | \$370 |
| Shipping Charge | \$0.00 |
| Discount | \$0 |
| Sub Total | \$370.00 |