

INVOICE



BGPO.BM

Northshore Medical & Aesthetics Center,
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info@nmac.bm

Billing Address

Dr Kyjuan Brown
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7 Northshore Medical Center

Shipping Address

Invoice #	INV-2024-0354
Order No.	ORD-2024-0353
Date	Jul 30, 2024
Amount	\$6.50

Product	Rate	Quantity	Price
Glade Air Freshener	\$6.50	1	\$6.50

Total	\$6.5
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$6.50