

# 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-2024-0383
Order No.	ORD-2024-0382
Date	Sep 12, 2024
Amount	\$0.30

Product	Rate	Quantity	Price
Power Bank	\$0.10	3	\$0.30

Total	\$0.3
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$0.30