

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
P.O. Box HM1839 Hamilton HMGX,  
Bermuda  
1(441)293-5476  
info@nmac.bm

## Billing Address

C. Malit  
mmalit@nmac.bm

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,

## Shipping Address

Invoice #	INV-2025-0476
Order No.	ORD-2025-0475
Date	Jan 08, 2025
Amount	\$376.00

Product	Rate	Quantity	Price
Glade Air Freshener	\$6.50	4	\$26.00
FreeStyle Precision Neo Blood Glucose Test Strips	\$35.00	10	\$350.00

Total	\$376
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$376.00