

INVOICE



BGPO.BM

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

Billing Address

Maricon Barte
mbarte@nmac.bm

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Shipping Address

Invoice #	INV-2025-0485
Order No.	ORD-2025-0484
Date	Jan 23, 2025
Amount	\$150.00

Product	Rate	Quantity	Price
IV Extension Set With Luer Lock 5-Pack	\$30.00	5	\$150.00

Total	\$150
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$150.00