

# INVOICE (BACK ORDER)



**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

,  
,

## Shipping Address

Invoice #	INV-2025-0488-1
Order No.	ORD-2025-0487-1
Date	Feb 06, 2025
Amount	\$20.03

Product	Rate	Quantity	Price
Dexamethasone Sodium Phosphate Injection USP 4mg/ mL	\$20.03	1	\$20.03

Total	\$20.03
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$20.03