

INVOICE



BGPO.BM

Northshore Medical & Aesthetics Center,
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Bermuda
1(441)293-5476
info@nmac.bm

Billing Address

Cherrece Salmon-Shirley
cshirley@nmac.bm
Devionshire,
,

Shipping Address

Invoice #	INV-2025-0543
Order No.	ORD-2025-0542
Date	Apr 01, 2025
Amount	\$650.00

Product	Rate	Quantity	Price
VI Peel 10 Unit	\$650.00	1	\$650.00

Total	\$650
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$650.00