

INVOICE



BGPO.BM

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

Billing Address

C. Malit
mmalit@nmac.bm

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Shipping Address

Invoice #	INV-2025-0596
Order No.	ORD-2025-0595
Date	Apr 22, 2025
Amount	\$180.88

Product	Rate	Quantity	Price
BELOTERO SOFT LIDOCAINE FILLER 1ML (1)	\$90.44	2	\$180.88

Total	\$180.88
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$180.88