

# 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

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

## Shipping Address

Invoice #	INV-2025-0625
Order No.	ORD-2025-0624
Date	May 02, 2025
Amount	\$0.00

Product	Rate	Quantity	Price
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Total	\$0
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$0.00