

# 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

,  
,

## Shipping Address

Invoice #	INV-2025-0634
Order No.	ORD-2025-0633
Date	May 07, 2025
Amount	\$360.90

Product	Rate	Quantity	Price
Dexamethasone Sodium Phosphate Injection USP 4mg/ mL	\$20.03	18	\$360.54

Total	\$360.54
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$360.90