

# INVOICE



**BGPO.BM**

Northshore Medical & Aesthetics Center,  
P.O. Box HM1839 Hamilton HMGX,  
Bermuda  
1(441)293-5476  
info@nmac.bm

## Billing Address

Sheri Burgess  
sherib@nmac.bm

,  
,

## Shipping Address

|           |               |
|-----------|---------------|
| Invoice # | INV-2025-0712 |
| Order No. | ORD-2025-0711 |
| Date      | Jun 18, 2025  |
| Amount    | \$17.35       |

| Product           | Rate    | Quantity | Price   |
|-------------------|---------|----------|---------|
| Xylocaine 2% 50ml | \$17.33 | 1        | \$17.33 |

|                 |         |
|-----------------|---------|
| Total           | \$17.33 |
| Shipping Charge | \$0.00  |
| Discount        | \$0     |
| Sub Total       | \$17.35 |