

INVOICE



BGPO.BM

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

Billing Address

Dr Kyjuan Brown
drbrown@nmac.bm
4417058080
7 Northshore Medical Center

Shipping Address

Invoice #	INV-2025-0745
Order No.	ORD-2025-0744
Date	Jul 17, 2025
Amount	\$24.84

Product	Rate	Quantity	Price
Sterile Gauze Pads 4x4 12ply	\$12.41	2	\$24.82

Total	\$24.82
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$24.84