

# INVOICE



**BGPO.BM**

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

## Billing Address

Accounts Payable  
Accountspayable@nmac.bm

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,

## Shipping Address

Invoice #	INV-2025-0755
Order No.	ORD-2025-0754
Date	Jul 25, 2025
Amount	\$19.82

Product	Rate	Quantity	Price
Exam Table Paper	\$6.60	3	\$19.80

Total	\$19.8
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$19.82