

INVOICE



BGPO.BM

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

Billing Address

Maricon Barte
mbarte@nmac.bm

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Shipping Address

Invoice #	INV-2025-0788
Order No.	ORD-2025-0787
Date	Aug 25, 2025
Amount	\$263.01

Product	Rate	Quantity	Price
TVS4700 Procedure Pack Tray with 96" Probe Cover	\$84.35	3	\$253.05
Drape Sheets 40" X 60" 2ply (10pc)	\$9.70	1	\$9.70

Total	\$262.75
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$263.01