

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-2025-0800
Order No.	ORD-2025-0799
Date	Aug 26, 2025
Amount	\$843.50

Product	Rate	Quantity	Price
TVS4700 Procedure Pack Tray with 96" Probe Cover	\$84.35	10	\$843.50

Total	\$843.5
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$843.50