

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-2025-0827
Order No.	ORD-2025-0826
Date	Sep 12, 2025
Amount	\$329.60

Product	Rate	Quantity	Price
Xylocaine 2% Lidocaine Hydrochloride	\$17.33	19	\$329.27

Total	\$329.27
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$329.60