

# 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-2025-0857
Order No.	ORD-2025-0856
Date	Sep 25, 2025
Amount	\$104.95

Product	Rate	Quantity	Price
TVS4600 Multi Procedure Pack	\$34.95	3	\$104.85

Total	\$104.85
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$104.95