

INVOICE



BGPO.BM

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

Billing Address

C. Malit
mmalit@nmac.bm

,
,

Shipping Address

Invoice #	INV-2025-0866
Order No.	ORD-2025-0865
Date	Oct 01, 2025
Amount	\$50.05

Product	Rate	Quantity	Price
PRP Gun Kit (4 pieces)	\$2.50	20	\$50.00

Total	\$50
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$50.05