

INVOICE



BGPO.BM

Northshore Medical & Aesthetics Center,
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Billing Address

Dr Kyjuan Brown
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7 Northshore Medical Center

Shipping Address

Invoice #	INV-2025-0870
Order No.	ORD-2025-0869
Date	Oct 07, 2025
Amount	\$28.23

Product	Rate	Quantity	Price
Caviwipes XL 9 x 12 65 Pack (12per case)	\$14.10	2	\$28.20

Total	\$28.2
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$28.23