

INVOICE



BGPO.BM

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

Billing Address

Dr Kyjuan Brown
drbrown@nmac.bm
4417058080
7 Northshore Medical Center

Shipping Address

Invoice #	INV-2025-0890
Order No.	ORD-2025-0889
Date	Oct 20, 2025
Amount	\$4994.59

Product	Rate	Quantity	Price
BOTOX VIAL 100IU (1)	\$374.00	10	\$3740.00
Juvederm Voluma Lidocaine (2x1ml)	\$312.40	4	\$1249.60

Total	\$4989.6
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$4994.59