

# Medico-Legal Query Form

## General Details

**Title:** Dr  
**First Name:** Kondwani  
**Last Name:** Tshuma  
**BHF Practice No:** 555555  
**Medical Practice Type:** Doctor  
**Telephone:** 0614837013  
**Email:** KondwaniTshuma@gmail.com

## Query Information

**Query Type:** Fraud  
**Fee:** R 2500.00  
**Required Service:** Defense Resonse  
**Case Description:** ghgfh

## Appointment Details

**Date:** 2024-11-09  
**Time Slot:** 09:08:00  
**Meeting Type:** Physical