

# Medico-Legal Query Form

## General Details

**Title:** Dr

**First Name:** Kondwani

**Last Name:** Tshuma

**BHF Practice No:** 555555

**Medical Practice Type:** Radiologist

**Telephone:** 0614837013

**Email:** md.2022.b7j6z5@vossie.net

## Query Information

**Query Type:** Fraud

**Fee:** R 2500.00

**Required Service:** Advice

**Case Description:** xsdssd

## Appointment Details

**Date:** 2024-11-09

**Time Slot:** 07:08:00

**Meeting Type:** Physical