

Medico-Legal Query Form

General Details

Title: Mr

First Name: Ahmed

Last Name: Ahmed

BHF Practice No: 9090

Medical Practice Type: Specialist

Telephone: 0810778616

Email: ayoshymohamed@gmail.com

Query Information

Query Type: Fraud

Fee: R 2500.00

Required Service: Defense Resonse

Case Description: m

Appointment Details

Date: 2024-11-02

Time Slot: 22:49:00

Meeting Type: Physical