## **Medico-Legal Query Form**

## **General Details**

**Title:** Miss

First Name: ayma
Last Name: mohamed
BHF Practice No: 9090

**Medical Practice Type:** Doctor

**Telephone:** 0810778616

Email: ayoshymohamed@gmail.com

## **Query Information**

Query Type: Suspicion of wasteful resources

Fee: R 800.00

Required Service: Advice

Case Description: a

## **Appointment Details**

Date: 2024-11-15 Time Slot: 15:18:00 Meeting Type: Physical