## **Medico-Legal Query Form**

## **General Details**

Title: Dr

First Name: Kondwani Last Name: Tshuma

**BHF Practice No:** 555555

Medical Practice Type: Cardiologist

**Telephone:** 0614837013

Email: md.2022.b7j6z5@vossie.net

## **Query Information**

**Query Type:** Fraud **Fee:** R 2500.00

Required Service: Defense Resonse

**Case Description:** gggg

## **Appointment Details**

Date: 2024-11-09 Time Slot: 07:08:00 Meeting Type: Physical