

# 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:** Suspicion of wasteful resources

**Fee:** R 800.00

**Required Service:** Defense Resonse

**Case Description:** Testing

## Appointment Details

**Date:** 2024-11-09

**Time Slot:** 09:08:00

**Meeting Type:** Physical