

# 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:** Advice

**Case Description:** b

## Appointment Details

**Date:** 2024-11-02

**Time Slot:** 20:49:00

**Meeting Type:** Physical