

# 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:** Suspicion of wasteful resources

**Fee:** R 800.00

**Required Service:** Defense Resonse

**Case Description:** a

## Appointment Details

**Date:** 2024-11-11

**Time Slot:** 12:42:00

**Meeting Type:** Physical