## **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:** Advice

Case Description: al

## **Appointment Details**

Date: 2024-11-02 Time Slot: 20:49:00 Meeting Type: Physical