# **Clinical Code Query Form**

#### **Personal Details**

Title	Mr	
First Name	Kondwani	
Last Name	Tshuma	
Telephone	<b>Telephone</b> 0614837013	
Email	KondwaniTshuma@gmail.com	

#### **Practice Information**

Medical Practice Type	techSavvy	
BHF Practice No	TTSIUUA	

## **Query Information**

Query Type	Unique Clinical Codes	
Diagnosis Code	1a25aw	
Procedure Code	xzc	
Query Description	SS	

## **Additional Diagnosis Codes**

ss	
SS	

## **Additional Procedure Codes**

SS		