# **Clinical Code Query Form**

#### **Personal Details**

Title	Mr		
First Name	Kondwani		
Last Name	Tshuma		
Telephone	<b>Telephone</b> 0614837013		
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#### **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	aaa	

## **Additional Diagnosis Codes**

SS		

## **Additional Procedure Codes**

SS		