## **Clinical Code Query Form**

## **Personal Details**

Title	Dr	
First Name	Kondwani	
Last Name	Tshuma	
Telephone	0614837013	
Email	KondwaniTshuma@gmail.com	

## **Practice Information**

Medical Practice Type	Doctor
BHF Practice No	555555

## **Query Information**

Query Type	Unique Clinical Codes
Diagnosis Code	A123
Procedure Code	1233
Query Description	WSSSSS