

Treatment form — CDCP preauthorization request

Computer-generated treatment form. Clinic: ABELDent lab (Fictional Data). Prepared 2026-10-08.

Patient

Name	Date of birth	CDCP client ID	PMS patient ID
Charles Watson	1937-07-30	551200006	6

Provider

Name	Licence	Clinic
Dr. Terry Ackerman		ABELDent lab (Fictional Data)

Proposed treatment

Code	Description	Tooth (FDI)	Surfaces	Lab codes	Fee
27211	Porcelain/Ceramic/Polymer Glass Fused Metal Based Crown	16			\$581.00

Planned date: 2004-07-14. Appointment: 2026-10-13.

Treating provider

Dr. Terry Ackerman

Attested electronically by Dr. Terry Ackerman at 2026-09-24T13:30:00+00:00 — I have reviewed this packet and it reflects my clinical judgment and the contents of this patient's record.

Prepared with Ophi; submitted by the treating provider.