**Case 4 Answer Key**

Tooth # | # of Surface(s) |Restorative Procedure (material type)

**Phase 1**

#2 3-surface MOD resin composite (amalgam acceptable)

#9 2-surface DL resin composite

#11 2-surface ML resin composite

#21 2-surface MO resin composite (amalgam acceptable)

#22 2-surface DL resin composite

#23 2-surface ID resin composite (acceptable in Phase 3 as well)

#27 2-surface DL resin composite

#28 core build up (acceptable in Phase 3 as well)

**Phase 2**

N/A

**Phase 3**

#28 4 surface PFM crown

**Phase 4**

Periodic oral evaluation: every 6 months

Prophy recall: every 4 months