**Sample 1**

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

**Phase 1**

#2 3-surface MOD amalgam

#9 2-surface DL

#11 2-surface ML

#21 2-surface MO

#22 2-surface DL

#27 2-surface DL

#28 core build up

**Phase 2**

N/A

**Phase 3**

#23 resin composite

#28 4 surface PFM crown

**Phase 4**

Periodic oral evaluation: every 6 months

Prophy recall: every 4 months