**Sample 2**

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

**Phase 1**

#2 3-surface MOD resin composite

#9 2-surface DL resin composite

#11 2-surface ML resin composite

#21 2-surface MO resin composite

#22 2-surface DL resin composite

#23 2-surface ID resin composite

#27 2-surface DL resin composite

**Phase 2**

N/A

**Phase 3**

#23 2-surface DL resin composite

#28 core build up

#28 4 surface PFM crown

**Phase 4**

Periodic oral evaluation: every 3 months

Prophy recall: