



GRANT AGREEMENT

This Grant Agreement (“Agreement”) is made as of January 26, 2022 (“the “Effective Date”), and entered by and between Delta Dental Foundation, with its principal place of business at 4100 Okemos Road, Okemos, Michigan 48864, (hereinafter referred to as “DDF”), and Guilford County with its principal place of business at 1203 Maple Street, Greensboro, NC 27405 (hereinafter referred to as “Grantee”) (collectively the “Parties”).

WHEREAS, Grantee has submitted a Smiles for Kids proposal to DDF received on January 5, 2022 (the “Proposal”) to fund the Guilford County Department of Health and Human Services Public Health Division- Guilford County Smiles for Kids-Project Access Dental described therein (the “Project”); and

WHEREAS, DDF agrees to make a grant to Grantee for \$5,000 to fund the Project, subject to the terms and conditions set forth herein (the “Grant”).

NOW, THEREFORE, the Parties agree to as follows:

1. **Scope of Project.** Grantee shall perform the Project as set forth in the Proposal, a copy which is provided as Attachment A and which is incorporated by reference herein. Any variations in the Project or the use of Grant funds from that described in the Proposal requires the advance express written approval of DDF.

2. **Project Period.** The Project has been approved for a period of 12 months beginning February 1, 2022 and ending on February 1, 2023 (the “Project Period”).

Should Grantee desire to extend the duration of the Project Period, Grantee shall submit a written request to DDF no later than sixty (60) days prior to the Project Period end date. If DDF approves the extension, the Parties shall execute an amendment to this Agreement. An extension of the Project Period will not result in an increase in funding.

3. **Expenditures.** All expenditures of Grant funds by Grantee must be spent within the Project Period and must be consistent with the project budget as set forth in the Proposal (the “Project Budget”) and as approved by DDF, a copy of which is attached hereto as Attachment B.

Any deviation from the Project Budget, such as under-spending or over spending Grant funds requires prior written approval of DDF and may require an amendment to this Agreement, at the discretion of DDF. Deviations from the Project Budget are not authorized retroactively.

4. **Records and Reports.** Grantee agrees to keep a record of all receipts and expenditures relating to this Grant and to provide DDF with a written report summarizing the Project promptly following the end of the Project Period during which Grantee is to use all Grant funds and said report must be provided within a year of the end of the Project Period. DDF may also require interim reports. Grantee reports should describe the progress in achieving the purposes of the Grant and include a detailed financial report and project status reports along with any other information reasonably requested by DDF in a format acceptable to DDF. If Grantee’s organization obtains any audited financial statements covering any part of the Project Period of this Grant, please provide a copy to DDF as well. Grantee further agrees to fill out and return the general grant reporting form along with attachments Grantee is required to keep the financial records with respect to this Grant, along with copies of any reports submitted to DDF, for at least four (4) years following the end of the Project Period.

4100 Okemos Road • Okemos, MI 48864 • 517-347-5333

www.deltadentalmi.com • www.deltadentaloh.com • www.deltadentalin.com • www.deltadentalnc.com

A 501(c) 3 non-profit corporation affiliated with Delta Dental of Michigan, Ohio, Indiana, and North Carolina

Grantee agrees to fill out and return the general grant reporting form along with attachments as needed within one year of the end of the Project Period. A copy of the report is available online at <https://www.deltadental.foundation/smiles-for-kids-grant-program>.

5. **Disbursement Schedule.** DDF will disburse Grant funds according to the following schedule, contingent on receipt and approval of financial and project status reports:

Amount	On or About
\$5,000.00	February 2022

DDF, in its sole discretion, reserves the right to alter the above disbursement schedule at any time and to impose such conditions upon disbursements as it may, in its discretion, deem necessary.

6. **DDF Right to Review and Evaluate.** DDF shall have the right to review and conduct an evaluation of the Project funded by this Grant, which may include one or more visits from DDF personnel to observe the Project, discuss the Project with Grantee’s personnel and review financial and other non-patient records and materials connected with the activities funded by this Grant. All financial and other non-patient records relating to the Project shall be made available at Grantee’s regular place of business for inspection by DDF, or its designated representative, at reasonable times. Grantee will receive notice of DDF’s review findings and shall, at the discretion of DDF, be given an opportunity to correct any non-compliance issues. If Grantee fails to correct any non-compliance issues within the time period specified by DDF, DDF may terminate this Agreement as set forth in Section 13 of this Agreement.

7. **Title to Property Acquired with Grant Funds.** Title to all tangible personal property, fixtures or equipment purchased with DDF funds (“Grant Funded Property”), shall be vested in Grantee. However, DDF shall have a purchase money security interest in the Grant Funded Property until the general grant report has been accepted by DDF. Grant Funded Property must be used for carrying out the Project as set forth in the Proposal.

8. **Intellectual Property.** Grantee owns any intellectual property it produces within the scope of this Grant. Grantee agrees that all original material produced pursuant to this Grant will be made available to DDF under a perpetual, irrevocable, royalty-free, nonexclusive, worldwide license to DDF. Grantee assumes the burden and expense of clearing all third-party rights associated with such material, including but not limited to copyrights, trademarks, and rights of privacy and publicity.

9. **DDF’s Right to Return of Funds or Property.** Any DDF funds not used by Grantee for the purposes of the Project as approved in the Project Budget remain the property of DDF and shall be promptly returned to DDF at the conclusion of the Project Period. Any DDF funds misused by Grantee shall be repaid to DDF. If Grantee fails to repay any portion of the Grant due, DDF may take possession of the Grant Funded Property. Nothing contained in this paragraph shall limit or prevent DDF from taking legal action to seek repayment of unexpended Grant funds or Grant funds which were not applied in accordance with the terms of this Agreement.

10. **Publicity.** Grantee agrees that DDF may include information about the Grant award for the Project, including the name of the Grantee, a description of the Project and the amount of the Grant on DDF's website and in reports, press releases, documents, presentations, studies, tax returns and other public disclosures. All materials, reports, press releases, documents, presentations, studies, etc., that are generated by the Grantee in connection with the Project shall need to be submitted to DDF for review with a minimum of 15 (fifteen) business days prior to date of submission for publication and shall make reference to Delta Dental Foundation and include DDF's name and logo as supplied by DDF.

11. **Use of Project Results.** If Grantee desires to publish the results of this Project, DDF shall have a minimum of 15 business days to review and comment upon the document before submission for publication. DDF shall have a perpetual, irrevocable, royalty-free, nonexclusive, worldwide license to make, use, reproduce, distribute, display or make derivative works of all or any portion of the project results by any and all means and in any medium or format, now known or later developed.

12. **Releases.** Grantee agrees that he/she shall execute all of the necessary Authorization Waiver and Release form(s) provided by Delta Dental Foundation for any and all organizations or individuals whose images will be used as part of the Project.

13. **Termination.** DDF may, in its sole discretion, immediately terminate this Agreement upon written notice to the Grantee. In the event this Agreement is terminated pursuant to this paragraph, DDF shall have no obligation to make any contributions to the Grantee following the effective date of the termination.

14. **Compliance with Laws.** In carrying out the Project, Grantee will comply with all applicable laws, regulations and rules and will not infringe, misappropriate, or violate the intellectual property, privacy, or publicity rights of any third party.

15. **Indemnification.** To the maximum extent permitted by law, Grantee agrees to indemnify and hold DDF and all of its officers, board members and employees harmless from and against all liability, damage or expense (including reasonable attorney's fees) which we may incur as a result of the Grantee's acts or omissions, or those of any of the Grantees employees, consultants, contractors or agents, in connection with the program or any breach by the Grantee of this Agreement.

16. **Authority and Validity.** Each individual executing this Agreement on behalf of Grantee warrants that he has full power and authority to execute this Agreement on behalf of such organization. Grantee further warrants that this Agreement constitutes the valid and binding obligation of Grantee, enforceable in accordance with its terms.

17. **Nondiscrimination.** Grantee affirms that Grantee will not discriminate on the basis of race, color, sex, religion, national origin, age, disability, sexual orientation, gender identity or veteran status either in its employment practices or in its policies and procedures concerning access to services.

18. **No Guarantee of Future Funding.** Allocation of this Grant does not imply any future funding commitment by DDF.

19. **Entire Agreement.** This Grant Agreement and all attachments constitute the entire Agreement between the Parties regarding the Project and supersede all previous related understandings or written form and must be signed by an authorized representative of both DDF and Grantee.

20. **Amendment.** Unless otherwise permitted herein, any alteration in the terms of this Agreement must be in written form and must be signed by an authorized representative of both DDF and Grantee.

21. **Applicable Laws.** The provisions of this Agreement shall be construed and enforced according to the laws of the State of Michigan. Any lawsuit, action or proceeding resulting from, or related to this Agreement, shall be commenced in a court of competent jurisdiction located in Ingham County, Michigan.

22. **Assignment.** Grantee may not assign or delegate obligations under this Agreement, either in whole or in part, without DDF's prior written consent.

23. **No Agency.** The Grantee is solely responsible for all activities supported by the Grant. Nothing in this Agreement creates a partnership, agency, joint venture, employment, or any other type of relationship. The Grantee shall not represent itself as an agent of DDF for any purpose, and no authority to bind DDF in any manner whatsoever.

24. **Survival.** Each party's obligations under Section 4. Records and Reports, Section 10. Publicity, Section 11. Use of Project Results, Section 12. Releases, and Section 15. Indemnification shall survive the expiration or termination of this Agreement and shall remain in full force and effect.

25. **Counterparts and Electronic Signatures.** Except as may be prohibited by applicable law or regulation, this Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year first written above.

Guilford County

By (signature): _____ Title: _____

Print Name: _____ Date: _____

Delta Dental Foundation

By (signature): _____ Title: _____

Print Name: _____ Date: _____

Application: Guilford County Smiles for Kids

Cheneta Allen - callen@guilfordcountync.gov
Smiles for Kids Grants Program

Summary

ID: SFK-7858050963

Last submitted: Jan 5 2022 04:00 PM (EST)

Smiles for Kids Grants Program Application

Completed - Jan 5 2022

Smiles for Kids Application Form

Smiles for Kids Grant Program

The DDF is a nonprofit, charitable organization established in 1980, which serves as the philanthropic arm of Delta Dental of Michigan, Ohio, Indiana, and North Carolina. Each year, the DDF provides financial support to various community organizations and programs which promote/provide oral health care for children through its Smiles for Kids grants program.

In considering Smiles for Kids grant requests, the DDF evaluates each application on its own merit. Careful consideration is given to each request, and requests are reviewed in terms of general eligibility and conformity with grant guidelines, funds available and the amount needed to achieve the desired results and program priorities. Also taken into consideration are: programs/activities in which the requesting organization is engaged; the number and type of constituencies served; services offered; accountability and fundraising practices; availability of other funding sources; and past successes

Organization Information

Organization Name	Guilford County Department of Health and Human Services Public Health Division- Dental
Tax ID #	Guilford County Department of Health and Human Services Public Health Division- Dental
Street Address	1103 W Friendly Ave
City	Greensboro
State	North Carolina
Zip Code	27401
County or Counties Served	Guilford
Phone	13366413152
Email	callen@quilfordcountync.gov

Organization Primary Contact Information

Prefix	Dr.
First Name	Cheneta
Last Name	Allen
Suffix	DDS
Title	Dental Director
Mailing Address	1103 W Friendly Ave
City	Greensboro
State	North Carolina
Zip code	27401
Phone	336-641-3152
Email	callen@quilfordcountync.gov

Applicant Contact Information**Responses Selected:**

Same as Primary Contact

Organization Type

Select the option that best describes your organization:

Responses Selected:

Community health department

Project Information

Program Title

Guilford County Smiles for Kids-Project Access Dental (PAD)

Priority Area(s)

Select all that apply

Responses Selected:

Providing oral health education

Underserved population/groups

Age Group(s) Served

Select all that apply.

Responses Selected:

Infants (0-2)

Children (up to 18)

Population Served

Select all that your program focuses on.

Responses Selected:

Low-income / Low-socioeconomic class

Infants/children (includes Head Start, WIC, etc.)

Race Served

If you have this data available, please indicate the percentage known below.

% Caucasian	5
% Black/African American	39
% Asian	15.4
% Native American/Alaskan Native	(No response)
% Native Hawaiian/Pacific Islander	(No response)
% Other	40.00

Percent Known Poverty Level

If you have this data available, please indicate the percentage known below.

% Patients at or Below 100% of Federal Poverty Guideline	(No response)
% Patients at or Below 200% of Federal Poverty Guideline	(No response)

Percent Known Insurance Status

If you have this data available, please indicate the percentage known below.

% None/Uninsured Patients	7.34
% Medicaid/CHIP Patients	92.66
% Medicare Patients	0.00

North Carolina County List

Select all that will be impacted by this funding request

Responses Selected:

Guilford

How many people do you anticipate will participate in this program?

Estimate the number of lives your program will reach in all aspects of your organization (medical, behavioral, dental, etc.)

15

How many DENTAL patients do you anticipate will participate in this program?

Estimate the number of dental patients your program will reach.

15

Total Cost of Program

\$ 5000.00

Amount Requested

\$ 5,000.00

Are you seeking other sponsors or funding?

No

Is your organization providing any funding for this program?

No

Program Start Date:

Mar 1 2022

Program End Date:

If ongoing, please leave blank:

(No response)

The date the funds are needed:

Mar 1 2022

Provide a brief description of the program for which funds are requested.

Describe your funding request including the purpose and expected overall change your organization expects to see as a result.

Smiles For Kids funds will be used to assist school-aged children who have emergency dental needs. These kids are designated as those do not have dental insurance or cannot obtain dental insurance due to being undocumented. Treatment will be limited to emergency exams, x-rays, composite or amalgam fillings, extractions, pulp therapy, crowns and space maintenance. As a result of funding, our School Health Nurses will have a resource to guide parents to Guilford County's Dental Clinic. Overall, the child will feel better, eat better, sleep better, and be more productive at school.

What is unique about your program and why should DDF fund it?

Describe what distinctively sets your organization apart.

Guilford County's Dental Program is unique in that our approach stems from the passion of Public Health Dentistry and for our "babies" or patients that we treat. The dental program serves as a safety net clinic to our community. We treat local Guilford County citizens, as well as, children who have come from all over the world. The dental team recognizes that these children may have been uprooted from their homeland for various reasons. Guilford County's program offers basic dental treatment, oral hygiene instructions, nutritional counseling, and role models to the kids that come in for dental treatment. Everyone is treated with respect and compassion.

Describe follow-up activities or evaluation processes that are a part of this program.

How do you plan to track or measure the effectiveness of your program/organization?

Guilford County Dental compiles monthly statistical worksheets for data tracking purposes. We count the number of dental visits, number of total unduplicated patients, and number of new patients. We also track broken appointments, cancellations/clinic cancellations, revenue, expenses, cost per visit, number of patients who received sealants, number of completed treatment plans, and provider productivity. We even ensure aging claims are handled in a timely manner. Funds utilized for Guilford County Smiles for Kids will be tagged appropriately from Delta Dental.

How did you learn about this grant opportunity?

Guilford County's Public Health School Hygienist initially applied for and received the Smiles For Kids grant a few years back. However, as of this year, she has retired. A representative from Delta Dental reached out to our clinic to gift us with a donation from the company, due to our program participating in the past. This awesome individual also informed us that the grant cycle had opened. Furthermore, the company representative encouraged our program to apply during this cycle.

How has your organization been impacted by COVID-19, and what adjustments have been made as a result?

Guilford County's Public Health Dental Program has been significantly impacted by COVID -19. Our dental team has had to adjust the way we allow patients in the clinic. Patients and/or parents call from their cars to check in for their appointments. Covid -19 screening questions are asked and if all is acceptable, they are allowed into the clinic. Once in the clinic, temperatures are taken and hand sanitizer is given. Our program implemented a pre-mouth rinse, use of extra oral suction devices for operative procedures, intra oral suction devices to reduction aerosol, as well as decreased the number of patients that are treated in a day. We added extra precautions for Covid -19 such as air purifiers in each operatory, using N 95 masks, and additional PPE. Staffing was reduced due to various circumstances. However, the slight restructuring created a better dental team for the entire program and for our patients.

Are you a 2021 recipient of this grant?

No

Budget Requirements/Requests

Completed - Jan 5 2022

Outline the budget requirements for the program. Make sure to provide as much detail as possible by separating out the line items appropriately.

[Guilford Smiles For Kids- Project Access Dental\(PAD\)](#)

Filename: Guilford_Smiles_For_Kids-_Project_nVm8PYf.pdf **Size:** 802.9 kB

2021 Smiles for Kids Reporting Form

Incomplete

If you have not submitted a 2021 Smiles for Kids grant reporting form, please include it with this application in order to be considered for a 2022 grant.

IRS Documentation

Completed - Dec 7 2021

IRS public charity classification, reason for non-private foundation status.

[IRS letter Tax Status 2015](#)

Filename: IRS_letter_Tax_Status_2015.pdf **Size:** 56.6 kB

Completed 2018 W-9

Completed - Dec 7 2021

You MUST include a completed **2018** W-9 for your organization.

[W-9](#)

Filename: W-9_yvFcx6W.pdf **Size:** 66.8 kB

Additional Documentation

Incomplete

Total Projected/Actual Expenses-Delta Dental

Organization Name: Guilford County Department of Health and Human Services Public Health
 Project Title: Guilford County Smiles For Kids

Revenue from Source		Total Project Budget
Delta Dental		\$5,000.00
Total Revenue		\$5,000.00
<hr/>		
<u>PROGRAM EXPENSES</u>		
Printing Supplies - Patient and Parent information		\$200.00
Dental Supplies and Materials		\$4,800.00
Total Program Expenses		\$5,000.00

Operating Cost- Dentist, Hygienist, Dental Assistant and Administration

Supplies	Quantity	Price	Total
Gloves- medium	6	\$ 0.26	\$ 1.56
Chair/tray/xray covers (trash can liners)	4	\$ 0.11	\$ 0.44
Gloves- small	2	\$ 0.25	\$ 0.50
Wax Cup	1	\$ 0.06	\$ 0.06
PreRinse	1	\$ 0.10	\$ 0.10
Sterilization bags	5	\$ 0.05	\$ 0.25
Air/water/saliva ejector barrier	2	\$ 0.03	\$ 0.06
Saliva ejector	1	\$ 0.03	\$ 0.03
Air/Water Syringe	1	\$ 0.12	\$ 0.12
Masks	2	\$ 0.50	\$ 1.00
Gown	2	\$ 5.32	\$ 10.64
Light Handle cover	2	\$ 0.04	\$ 0.80
Gauze	10	\$ 0.16	\$ 0.16
Phosphorous Plate Barrier	6	\$ 0.11	\$ 0.66
Tray Sleeve	1	\$ 0.05	\$ 0.05
Tray paper cover	1	\$ 0.02	\$ 0.02
Patient Napkin	1	\$ 0.05	\$ 0.05
Bib Ez	1	\$ 0.04	\$ 0.04
Optim Wipes	5	\$ 0.23	\$ 1.17
Goody Bag	1	\$ 0.15	\$ 0.15
Prize	1	\$ 0.40	\$ 0.40
Timer	1	\$ 0.40	\$ 0.40
Toothbrush to go home	1	\$ 1.00	\$ 1.00
Toothpaste to go home	1	\$ 0.26	\$ 0.26
Floss to go home	1	\$ 0.30	\$ 0.30
Rinse to go home	1	\$ 0.35	\$ 0.35
Chapstick to go home	1	\$ 0.56	\$ 0.56
ReLeaf	1	\$ 0.73	\$ 0.73
TOTAL FMD, XRAYS			\$ 21.86
Operating Cost			\$ <u>176.68</u>

								\$	198.54
Prophy Paste	1	\$	0.25	\$	0.25				
Prophy Angle	1	\$	0.54	\$	0.54				
Fl2 Varnish	1	\$	0.76	\$	0.76				
TOTAL Prophy, Xrays				\$	22.46				
Operating Cost				\$	176.68				
				\$					199.14

Staff Time per patient (Based on Salaries in Munis)

Dentist, DA, Hyg, Admin	1	\$	165.72		
Printing and office	1	\$	0.43		
utilities, phone, credit card machine, postage, cleaning used per pt	1	\$	4.22		
Software fee per pt , equip	1	\$	6.31		
		\$	176.68		

Dental Materials & Supplies Cost- Base and Operative Procedures

Patient napkin	0.05 x1
Saliva ejector	0.037 x1
HVS tip	0.045 x1
Air/water tip	0.116 x1
Sleeve	0.035 x3
Tray cover	0.017 x3
Chair cover	0.14 x1
Clear liners	0.1 x2
Cup	0.061 x1
Sterilization pouch	0.051 x4-6
Gloves	.50 per pair
Gowns	6.59 x1
N95 masks	2.26 x1
Wipes	0.08 x4
Total for base \$10.08	

Operative -Pulp Therapy and Stainless Steel Crown

2 x 2's	0.007 x4-6
Cotton rolls	0.022 x 2
Viscostat	3.75 x .5
Ketac	4.32 x1
SSC – Pedo	6.52 x 1
Matrix band	1.41 x 1
Septocaine	1.01 x 1
245-burs	1.01 x1
Round slow speed	2.77 x1
Crown Prep flat	12.15 x 1
Crown Prep taper	12.15 x1
Cheek protectors	0.23 x2-3
Protector Needle prop	0.089 x1
IRM	2.43 x1

Pulp Therapy and Stainless-Steel Crown \$56.53 (base included)

2 Surface Amalgams

2 x 2's	0.007 x4-6
Cotton rolls	0.022 x 2
Matrix band	1.41 x 1
Septocaine	1.01 x 1
Amalgam	1.45 x 1-2
Gluma desensitizer	2.24 x1
245-bur	1.01 x 1
Round slow speed	2.77 x1
Cheek protectors	0.23 x2-3
Protector Needle prop	0.089 x1

2 Surface Amalgams \$42.61 (base included)**2 Surface Composite**

2 x 2's	0.007 x4-6
Cotton rolls	0.022 x 2
Matrix band	1.41 x 1
Septocaine	1.01 x 1
Filtek	4.09 x1
245 Bur	1.01 x1
Round slow speed	2.77 x1
Polishing diamond	11.35 x1
Fluted polishing	10.95 x1
Cheek protectors	0.23 x2-3
Protector Needle prop	0.089 x1
Etch	2.56 x1

2 Surface Composite \$45.37 (base included)

Extractions

Septocaine	1.01 x 1
2 x 2's	0.007 x4-6
Cotton rolls	0.022 x 2
Tooth box	0.14 x1

Extraction with the base \$11.26

Diagnosing X-rays and Limited Exam- LOE

Phosphrous Plate for x rays .16

Diagnosing X-rays with Limited Exam including base \$10.24

SUPPLY COST for estimated 15 patients with combination operative procedures.

Diagnosing X rays with Limited Exam \$10.24 \$10.24 x 15 \$153.60

Pulp Therapy and Stainless-Steel Crown \$56.53 \$ 56.53 x 15 patients 847.95

2 surface amalgam \$42.61 \$42.61 x 15 \$639.15

2 surface composite \$45.37 \$45.37 x 15 \$680.55

Pulp Therapy and Stainless Steel Crown and 2 surface amalgam \$89.06 \$89.06x 15 \$1335.90

Pulp Therapy and Stainless Steel Crown and 2 surface composite \$91.08 \$91.08 x 15 \$1366.20

Extraction \$11.26 \$11.26x15 \$168.90

Extraction with Pulp Therapy and Stainless-Steel Crown \$57.71 \$ 57.71x 15 \$865.65

Extraction with 2 surface amalgam \$43.79 \$43.79 X 15 \$656.85

Extraction with 2 surface composite \$46.55 \$46.55 x 15 \$692.25

	GUILFORD COUNTY DENTAL FREQUENT PROCEDURES				GUILFORD COUNTY SN			
LOE	42			RECALL	29			
1 PA	17			PROPHY	30			
RX	0			FLUORIDE	19			
	59				78			
LOE	42			RECALL	29			
1 PA	17			2 BW	21			
1 EXT	70			PROPHY	30	child		
	129			FLUORIDE	19			
					99			
NPEX	50							
2BW'S	21			RECALL	29			
PROPHY	30	child		4BW	36			
FLUORIDE	19			PROPHY	43	adult		
	120			FLUORIDE	19			
					127			
NPEX	50							
2BW'S	21			SEALANTS	32	per tooth		
1PAN	66			3,14,19,30	128			
PROPHY	30							
FLUORIDE	19			SEALANTS	32	per tooth		
	186			abjikt	256			
NPEX	50			RESTORATIVE				
4BW'S	36			1 surface c/composite	85			
PROPHY	43	adult		2 surface composite	113			
FLUORIDE	19			3 surface composite	137	Perm tooth		
	148			1 surface amalgam	80			
				2 surface amalgam	101			
NPEX	50			3 surface amalgam	117			
4BW'S	36							
1PAN	66			ANT teeth 1 surface composite	74			
PROPHY	43			ANT teeth 2 surface composite	91			
FLUORIDE	19			ANT teeth 3 surface composite	108			
	214			ANT tooth 4 surfaces w incisal edge	137			
DEBRIDEM	75							

