Nu·Art DENTAL INC
160 Bishops Way
Brookfield, WI 53005
Phone: 414-771-4118
Toll Free: 888-895-2927
Fax: 414-771-5247
Email: staff@nuartdental.com

Partial Design				
Tooth	Rest	G.P.	Clasp	RET.

Date: _____

Dr.: _____

Address: _____

Office Phone: _____

Patient Name: _____

Major Connector: _____

☐ Altered Cast ☐ Partial Rim Shade: _____

Removable Instructions

☐ **Anterior** ☐ **Posterior**

Shade & Molds: _____

_____

Base Material: _____

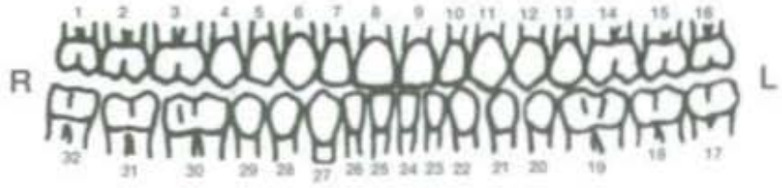
Other Materials: _____

Flex Partial:

☐ T.C.S. ☐ Valplast ☐ FRS

Shade:

☐ Light ☐ Standard Pink ☐ Mild ☐ Moderate



Date to be Returned: _____

Doctor's Signature: _____