Nu·Art DENTAL LLC
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: _____ License #:_____ State:____

Dr.: _____

Address: _____

Office Phone: _____

Patient Name: _____

Major Connector:_____

☐ Altered Cast ☐ Partial Rim Shade:_____

Removable Instructions

☐ **Anterior** ☐ **Posterior**

Shade & Molds:_____

_____

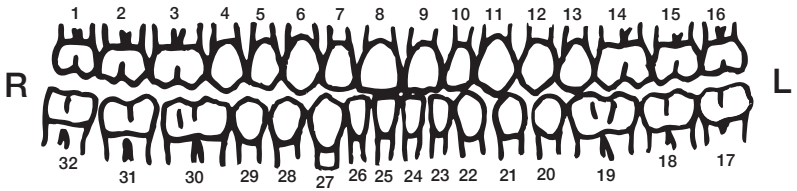
Base Material:_____

Other Materials:_____

Acrylic Shade:
Lucitone 199: ☐ Light ☐ Original ☐ LRP ☐ Dark Pink
☐ House ☐ Mild ☐ Moderate ☐ Heavy

Flex Partial:
☐ TCS Shade: ☐ TCS1 (light) ☐ TCS2 (standard) ☐ TCS3 (light dark pink) ☐ TCS4 (dark pink)

☐ BrightFlex 3D Printed



Date to be Returned:_____

Doctor's Signature:_____