



# Even28 Clear Aligner Prescription

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Patient's email address: \_\_\_\_\_

(required for EvenCheck animation)

### Clear Aligner Program

**Even28 at-home** - No IPR, no attachment, no bite adjustment; Only a single initial visit; Closes gaps up to 4 mm, teeth crowding up to 3 mm; Anterior movement only.

**Even28 at-dentist** - May require IPR and/or attachment and/or bite adjustment; Periodic office visits; Unlimited aligners; Closes gaps >4 mm, teeth crowding >3 mm; Minor posterior tooth movement okay.

**Even28 at-dentist refinement** - Be sure to specify what you need in special instructions section

### Movement Speed

**Even28 Express (recommended)** - Fewer aligners; Faster movement; 0.3-0.35 mm/aligner

**Even28 Gentle** - More aligners; Slower movement; 0.2-0.25 mm/aligner; Recommended for patients with extreme tooth sensitivity or existing bone loss

### Preferred Shipping Option

**Ship to dentist** - For *Even28 at-home* or *Even28 at-dentist*

**Ship to patient** - ONLY available for *Even28 at-home*. Please include your patient's address below:

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Custom Night Guard** (If purchasing more than one check here:  2  3  4  other: \_\_\_\_ )

Material:  Hard/Soft Night Guard  Soft Night Guard  Hard Night Guard

Location:  Upper Night Guard  Lower Night Guard

**Custom Athletic Guard** (If purchasing more than one check here:  2  3  4  other: \_\_\_\_ )

Material:  X-Thick (Boxing, Wrestling)  Thick (Football, Basketball)  Medium (Tennis, Cycling)

Color (optional): \_\_\_\_\_  Custom logo? Email logo to [photos@even28.com](mailto:photos@even28.com)

**Essix (Clear) Retainers** (If purchasing more than one check here:  2  3  4  other: \_\_\_\_ )

Location:  One Upper/One Lower  Upper only  Lower only

**Custom Whitening Trays** (If purchasing more than one check here:  2  3  4  other: \_\_\_\_ )

Location:  One Upper/One Lower  Upper only  Lower only



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**Chief Complaint:**

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**Upper midline**

- centered
- right \_\_\_ mm
- left \_\_\_ mm

**Lower midline**

- centered
- right \_\_\_ mm
- left \_\_\_ mm

**Canine relation**

- right: class \_\_\_
- right: class \_\_\_

**Molar relation**

- right: class \_\_\_
- right: class \_\_\_

**Concern**

**Default option**

**Alternative options**

**Treat arches**

both

upper only

lower only

**Upper midline**

improve

maintain

idealize

**Lower midline**

improve

maintain

idealize

**Overjet**

improve

maintain

idealize

**Overbite**

improve

maintain

idealize

**Archform**

improve

maintain

idealize

**Canine relation**

improve

maintain

idealize

**Molar relation**

improve

maintain

idealize

**Posterior crossbite**

improve

maintain

idealize

**Even28 at-dentist options (disregard for Even28 at-home as there are no office visits)**

**IPR**

as needed

yes

no

**Attachment(button)**

as needed

yes

no

**Procline**

as needed

yes

no

**Expand**

as needed

yes

no

**Distalize**

as needed

yes

no

**Special instructions:**

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Mail impressions and prescription to: **935 Buford Road, Ste 102, Cumming, GA 30041**. Email photos and scans to [photos@even28.com](mailto:photos@even28.com) with doctor name, patient first name and last initial in email header.