

LightForce Treatment Form



1. Patient Information *(all fields marked with * are required):*

*First:	Middle	*Last
*DOB:	*Gender	*Practice Patient ID:

2. Records Submitted in LightForce Portal *(provide staff member initials when task is complete):*

<input type="checkbox"/> Photos _____	Radiographs
<input type="checkbox"/> Intraoral Scans	<input type="checkbox"/> Pan _____
<input type="checkbox"/> Sent From Scanner _____	<input type="checkbox"/> Ceph _____
<input type="checkbox"/> Submitted In LF Portal _____	<input type="checkbox"/> 2d CBCT _____

3. Select Teeth to be Treated *(Mark the teeth that will be treated in this stage):*

UR		UL
LR		LL

Note:

- Teeth which have already received custom brackets in an IDB tray are not eligible to be planned again.
- For cases where the first stage was created before May 2022, we will not be able to support custom tubes for the second stage. If you have questions, please reach out to Customer Support at support@lightforceortho.com
- Bracket material, slot height, and hook selection are based on the initial LightPlan submitted.

4. *Sagittal Correction *(choose one):*

<input type="checkbox"/> Surgical Correction Needed	<input type="checkbox"/> Extraction(s) needed
<input type="checkbox"/> Sagittal Correction Needed	<input type="checkbox"/> Bite Turbos Needed
<input type="checkbox"/> Correct with Class II Elastics	<input type="checkbox"/> Correct with Class III Elastics

Treatment Strategy: