LightForce Treatment Form

Patient Information:

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

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

Photos	☐ Submitted		
Intraoral Scans	☐ Sent from Scanner (iTero or 3Shape)	☐ Submitted in LF Portal	
Radiographs	☐ Pan - Submitted	☐ Ceph- Submitted	☐ 2D CBCT- Submitted

Treatment Approach: Choose Treatment Approach - choose one (circle / checkbox selection)

Comprehensive	☐ Upper & Lower Same Day	
	Stage	☐ Upper Arch First
		☐ Lower Arch First
Limited	☐ Upper Arch Only	
	☐ Lower Arch Only	

Treatment Details: Check all that apply & complete treatment strategy.

☐ Surgical Correction Needed	☐ Sagittal Correction Needed	☐ Extraction(s) needed
☐ Bite Turbos Needed	☐ Class II elastics	☐ Class III elastics

Treatment Strategy:

Slot Height: Choose one (circle / checkbox selection)

❏ 0.018"	❏ 0.020"	❏ 0.022"
❏ Bi-Dimensional 2-2 (0.018" & 0.022")	❏ Bi-Dimensional 2-2 (0.018" & 0.020")	❏ Bi-Dimensional 2-2 (0.020" & 0.022")
❏ Bi-Dimensional 3-3 (0.018" & 0.022")	❏ Bi-Dimensional 3-3 (0.018" & 0.020")	❏ Bi-Dimensional 3-3 (0.020" & 0.022")

Hook Preferences: Choose all that apply

Upper	❏ 2's	❏ 3's	❏ 4's	❏ 5's
Lower		❏ 3's	❏ 4's	❏ 5's