

# 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):

<b>FaceMap</b>	Submitted		
<b>Photos</b>	Submitted		
<b>Intraoral Scans</b>	Sent from Scanner (iTero or 3Shape)	Submitted in LF Portal	
<b>Radiographs</b>	Pan - Submitted	Ceph - Submitted	2d CBCT - Submitted

**3. \*Treatment Approach** (choose any one between comprehensive or limited):

<b>Comprehensive</b>	<input type="checkbox"/> Upper & Lower Same Day	
	<b>Stage</b>	<input type="checkbox"/> Upper Arch
		<input type="checkbox"/> Lower Arch

OR

<b>Limited</b>	<b>Upper Arch Only</b>	<input type="checkbox"/> Diagnostic Setup For Opposing Arch
		<input type="checkbox"/> Don't Treat Opposing Arch
	<b>Lower Arch Only</b>	<input type="checkbox"/> Diagnostic Setup For Opposing Arch
		<input type="checkbox"/> Don't Treat Opposing Arch

**4. \*Bracket Material** (choose any one):

White (Cloud Bracket)

Translucent (Light Bracket)

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**5. Select Slot Height (choose any one):**

<input type="checkbox"/> 0.018"	<input type="checkbox"/> 0.020"	<input type="checkbox"/> 0.022"
<input type="checkbox"/> Bi-Dimensional 2-2 (0.018" & 0.022")	<input type="checkbox"/> Bi-Dimensional 2-2 (0.018" & 0.020")	<input type="checkbox"/> Bi-Dimensional 2-2 (0.020" & 0.022")
<input type="checkbox"/> Bi-Dimensional 3-3 (0.018" & 0.022")	<input type="checkbox"/> Bi-Dimensional 3-3 (0.018" & 0.020")	<input type="checkbox"/> Bi-Dimensional 3-3 (0.020" & 0.022")

**6. Hook Preferences (select all that apply):**

<b>Upper</b>	<input type="checkbox"/> 2's	<input type="checkbox"/> 3's	<input type="checkbox"/> 4's	<input type="checkbox"/> 5's
<b>Lower</b>		<input type="checkbox"/> 3's	<input type="checkbox"/> 4's	<input type="checkbox"/> 5's

**7. \*Bite Turbos (choose one):**

- As Needed
- Add To Posterior - U6s
- Do Not Include
- Add to Anterior - U3s
- Add To Anterior - U1s

**8. Smile Arc - Upper Incisors Vertical Movement (choose one):**

- Maintain
- Extrude
- Intrude
- Other:

**9. Midline Correction (select the corresponding option):**

- Maintain
- Improve upper  
(Lower will be aligned to upper)
- Both
- Upper  
(Lower will be aligned to upper)
- Lower  
(Upper will be aligned to lower)
- To Patient's right
- To Patient's left
- Other:

**10. Desired Overbite (choose one):**

- Maintain
- Ideal (LightPlan ideal overbite is 1-3 mm)
- Other:

**11. Desired Overjet (choose one):**

- Maintain
- Ideal (LightPlan ideal overjet is 2 mm)
- Other:

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## 12. \*Sagittal Correction (choose one):

- Maintain
- Surgical Plan

- Correct with:

<input type="checkbox"/> Right Elastics	<input type="checkbox"/> Left Elastics	<input type="checkbox"/> Other Sagittal Correction Appliances:
<input type="checkbox"/> Class II <input type="checkbox"/> Class III	<input type="checkbox"/> Class II <input type="checkbox"/> Class III	

## Special Instructions for Sagittal Correction:

## 13. Tooth Information for Permanent Teeth

Tooth information will help us understand how we will proceed in terms of teeth movements and brackets manufacturability. Using the chart, specify the missing, extracting, planned for future prosthetic replacement or has movement restrictions

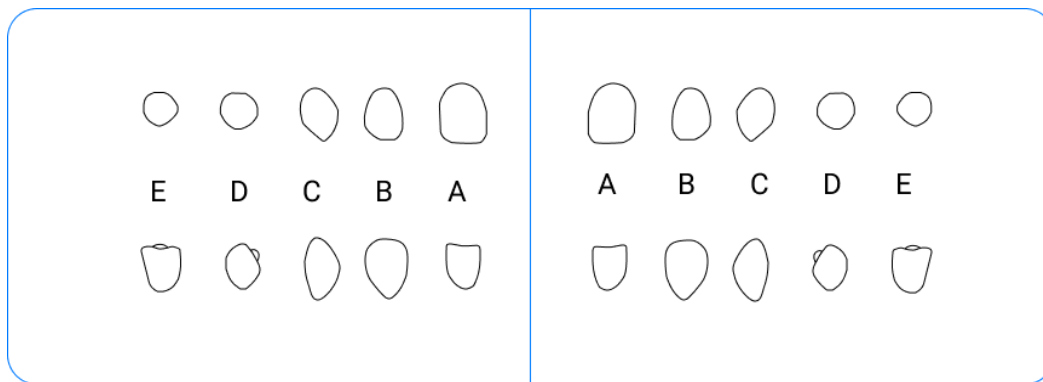
UR	UL
LR	LL

Missing	To Be Extracted	Don't Move	Brackets not Required

## Special Instructions for Permanent Teeth

### 14. Tooth Information for Deciduous Teeth

Tooth information will help us understand how we will proceed in terms of teeth movements and brackets manufacturability. Using the chart, specify the deciduous tooth which is exfoliating or planned for extraction, has movement restrictions or if brackets are required



To Be Extracted	Don't Move	Brackets not Required

## Special Instructions for Deciduous Teeth