

INFORMED CONSENT ALF APPLIANCE

The ALF (advanced lightwire function) appliance was originally designed by Dr. Darick Nordstrom of Hollister, California in the early 1980s. Dr. Nordstrom recognized the need to provide more than just esthetic alignment of the teeth. From his extensive knowledge bodily function, Dr. Nordstrom became aware of the need to correct structures attached to the teeth: the upper jaw (maxilla) and other bones of the skull. He soon realized that by correcting structures attached to the teeth, his patients experienced marked relief of head and neck pain, shoulder and low back pain, and other seemingly unrelated symptoms, such as PMS, fatigue, depression, digestive problems, ringing in the ears, hearing loss, etc. This major breakthrough establishes dentistry's role in restoring patient function, health, and improving their quality of life.

The ALF functions based on the Arndt-Schulz Law (stated in the 26th edition of Dorland's medical dictionary): "Weak stimuli increase physiological activity and very strong stimuli inhibit or abolish activity." The ALF appliance has a three-fold purpose: 1) correct distortions of the skull, 2) correct distortions of the maxilla (bone that supports upper teeth), and 3) correct the alignment of upper and lower teeth to improve jaw position and bite. Structural distortions of the skull bones can develop from birthing trauma, genetics, misalignments that result from loose teeth or premature loss of teeth, auto accidents, contact sports, or any trauma to the head.

Treatment duration and technique vary from one patient to another, depending on the complexity of their dental abnormality. In general, active treatment time with the ALF appliance is about 12 months, followed by orthodontics (braces) for an additional 12-24 months. In ALL cases, some sort of retentive appliance will be recommended for indefinite wear after treatment is completed.

_____ I understand the risks (creation of spaces between teeth, transient headaches, alteration of bite, speech difficulty, etc.) and potential benefits (prevention of more invasive surgical procedures, elimination of pain, correction of poor jaw position, increased sense of well being, etc.) associated with the ALF appliance, and I agree to proceed with ALF therapy.

_____ Although clinical evidence shows its effectiveness, I understand that there is no guarantee, written or implied, that the ALF appliance will correct my condition.

_____ I understand that the ALF appliance will permanently change the way my teeth come together, and there will likely be a second phase of treatment necessary (braces and/or prosthodontics) to stabilize and permanently correct my bite.

_____ I agree to keep scheduled appointments for regular ALF appliance adjustments. I understand that missing appointments will likely negatively affect the outcome of my treatment.

Printed name

Signature

Date