



**GOOD NIGHT
DENTISTRY**

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Affidavit for Intolerance to CPAP

I have attempted to use the nasal CPAP to manage my sleep related breathing disorder (apnea) and find it intolerable to use on a regular basis for the following reason(s):

- Mask Leaks
- An Inability to get the Mask to Fit Properly
- Discomfort Caused by the Straps and Headgear
- Disturbed or Interrupted Sleep Caused by the Presence of the Device
- Noise from the Device Disturbing Sleep or Bed/Partner's Sleep
- CPAP Restricted Movements During Sleep
- CPAP Does Not Seem to Be Effective
- Pressure on The Upper Lip Causes Tooth Related Problems
- Latex Allergy
- Claustrophobic Associations
- An Unconscious Need to Remove the CPAP Apparatus at Night
- Other: _____

Because of my intolerance/inability to use the CPAP, I wish to have an alternative method of treatment. That form of therapy is oral appliance therapy (OAT).

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____