



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
 - Inability to get the mask to fit properly
 - Discomfort caused by 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: _____
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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: _____