

Affidavit of Intolerance to CPAP
(Continuous Positive Air Pressure)

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

- PAP is not effective in controlling my symptoms
- I am unable to sleep with the CPAP equipment in place.
- Noise from the device disturbs my sleep or my bed partner's sleep
- I cannot find a comfortable mask
- The mask leaks
- I develop sinus/throat/ear/lung infections.
- I am allergic to materials in the mask and head strap
- Claustrophobia
- I unconsciously remove the CPAP apparatus at night
- Pressure from the mask and straps cause tissue breakdown
- My job and/or lifestyle prevents this form of therapy (i.e. Active Army/National Guard duty)
- Prior throat surgery makes CPAP intolerable
- Other: _____

Because of my inability to tolerate CPAP and my need to control the signs and symptoms of OSA, I wish to use an alternative method of treatment. This form of therapy is oral appliance therapy (OAT).

Patient Signature

Date