Affidavit for Intolerance to CPAP

I am unable to use a CPAP machine to manage my sleep related breathing disorder (Obstructive Sleep Apnea) and find it intolerable to use 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
- ❑ Refusal Not Willing to try CPAP

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).

Signed _____

Print Name _____

Date _____