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Affidavit for Intolerance or Non-Compliance to CPAP

I, _____, have attempted to use CPAP (continuous positive air pressure) to manage my sleep related breathing disorder (OSA- obstructive sleep 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 straps and/or 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 my OSA treated by Oral Appliance therapy utilizing a custom fitted Mandibular Advancement Device.

Name _____

Date _____