



# SNORE NO MORE

**& Sleep Solutions**

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## Statement of Sleep Apnea Therapy

- I have mild or moderate sleep apnea and per the American Academy of Sleep Medicine, CMS Guidelines and insurance policy, I would like to use oral appliance therapy as first line of treatment.
- I am unable 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 marked 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
  - Latex allergy
  - Claustrophobic associations
  - An unconscious need to remove the CPAP apparatus at night
  - I would like to use Oral Appliance Therapy in conjunction with CPAP Therapy to reduce the CPAP pressure
  - Other:  

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Sign: \_\_\_\_\_

Date: \_\_\_\_\_