



**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):

- CPAP is not effective in controlling my symptoms.
- I am unable to sleep with the CPAP equipment in place.
- The 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 straps.
- Claustrophobia
- I unconsciously remove the CPAP apparatus at night.
- The pressure of the mask and straps causes tissue breakdown
- My job and/or lifestyle prevent this form of therapy (e.g. Active Army / National Guard duty)
- Prior throat surgery made 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).

Signed: _____

Date: _____