

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 straps.
- Claustrophobia.
- I unconsciously remove the CPAP apparatus at night.
- Pressure from the mask and straps causes tissue breakdown.
- My job and/or lifestyle prevents this form of therapy (e.g. 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).

Signed: _____ Date: _____