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### **AFFIDAVIT FOR INTOLERANCE TO CPAP**

I **HAVE / HAVE NOT** attempted 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 reasons:

Mask leaks

An inability to get the mask to fit properly

Discomfort 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 an alternative method of treatment. That form of therapy is oral appliance therapy (OAT).

Printed Name: \_\_\_\_\_

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

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