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### Affidavit for Intolerance to CPAP

I am unable to use a CPAP machine to manage my sleep related breathing disorder (Obstructive Sleep Apnea) and find it intolerable to use for the following 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
- 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
- Refusal Not Willing to try CPAP

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).

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_