

Melanie Pugh D.M.D. P. A.
8800 Bernwood Pkwy Ste 4
Bonita Springs, FL 34135
(239) 949-1805

AFFIDAVIT FOR INTOLERANCE TO CPAP

I have 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).

Print Name: _____

Signature: _____ Date: _____