

AFFIDAVIT FOR INTOLERANCE OR NON-COMPLIANCE TO CPAP

I, _____, have attempted to use CPAP (Continuous Positive Airway Pressure) to manage my sleep-related breathing disorder (OSA-Obstructive Sleep Apnea). However, I find CPAP intolerable to use on a regular basis for the following reason(s):

- Mask leaks
- Inability to get the mask to fit properly
- Straps and/or headgear cause discomfort
- Inability to sleep comfortably and without disruption with the CPAP equipment in place
- Noise from the CPAP device disturbs my sleep and/or my bed partner's sleep
- CPAP restricts my movement during sleep
- CPAP does not seem to be effective
- Pressure on the upper lip causes tooth-related problems
- Latex allergy
- Claustrophobia
- An unconscious need to remove the CPAP apparatus at night
- Prior throat surgery makes CPAP intolerable
- Other: _____

Because of my non-compliance/inability to use CPAP, and my need to manage the signs and symptoms of OSA, I wish to pursue an alternative method of treatment: Oral Appliance Therapy (OAT) using a custom-fit mandibular advancement device as prescribed for me by Dr. Jeanne K. Bailey.

Patient Signature: _____

Date: _____

Jeanne K. Bailey, DDS: _____

Date: _____

Diplomate, American Board of Dental Sleep Medicine

Diplomate, American Board of Craniofacial Pain – Craniofacial Dental Sleep Medicine

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