

General Affidavit for CPAP Intolerance

Patient Name: _____ Date: _____

I, _____ make my statement and general affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts, and things set forth are true and correct to the best of my knowledge.

I have been prescribed the CPAP to manage my sleep related breathing disorder and find it intolerable to use on a regular basis due to the following reasons:

- _____ Mask leaks
- _____ Mask/device is uncomfortable
- _____ Unable to sleep comfortably
- _____ Noise of the CPAP disturbs sleep and/or bed partners sleep
- _____ Movement is restricted during sleep
- _____ Does not seem to be effective
- _____ Straps/headgear cause discomfort
- _____ Pressure on the upper lip cause tooth related problems
- _____ Latex allergy
- _____ Claustrophobia
- _____ Pre-existing sinus condition
- _____ Other _____

Because of my intolerance/inability to use the CPAP machine, I wish to have an alternative method of treatment. That treatment is an Oral Airway Dilator as prescribed by Dr. Mark J. Barnes.

Patient Signature

_____/_____/_____
Date