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Affidavit for CPAP Intolerance or Refusal

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
- Claustrophobic associations
- An unconscious need to remove the CPAP apparatus at night

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 _____

Date _____

Signature _____