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AFFIDAVIT FOR INTOLERANCE TO CPAP

I have attempted to use the nasal CPAP to manage my sleep related breathing disorder and find it intolerable to use on a regular basis 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 movement 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 at night

Due to 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 _____

Date _____