

Statement of Therapy

- I prefer to use an oral appliance treatment over CPAP treatment.

- I am CPAP intolerant for the following reasons:
 - 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
 - Latex Allergy
 - Claustrophobic Associations
 - An Unconscious Need to Remove the CPAP Apparatus at Night
 - I Would Like to Use Oral Appliance Therapy in Conjunction with CPAP Therapy to Reduce the CPAP Pressure.

- Other _____

Patient Name: _____

Patient Signature: _____