

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

**I have attempted to use the nasal CPAP device** to manage my sleep-related breathing disorder and find it intolerable to use on a regular basis for the following reason(s):

- Mask Leaks
- Mask and/or device uncomfortable
- Unable to sleep comfortably
- Noise from the device disturbs me and/or my bed partner's sleep
- Restricts movement during sleep
- Does not seem to be effective
- Straps/headgear cause discomfort
- Pressure on upper lip causes tooth-related problems
- An unconscious need to remove mask at night
- Latex allergy
- Claustrophobia
- Other: (explain history below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have never worn a CPAP** and I refuse to wear one because:

- Claustrophobia
- I travel and refuse to carry the CPAP machine and hose
- I cannot have my movement restricted while sleeping
- Latex allergy
- Other: \_\_\_\_\_

Because of my unwillingness to use the CPAP device, I wish to have an alternative method of treatment. I would like to try an oral appliance in an attempt to control my snoring and obstructive sleep apnea.

Signature of Patient \_\_\_\_\_ Date: \_\_\_\_\_