

Dental and Sleep Medicine Offices
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Affidavit of Intolerance or Refusal -- CPAP Device

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

- Mask leaks
- Mask uncomfortable/Device uncomfortable
- Unable to sleep comfortably
- Noise from device disturbs my sleep and/or bed partner's sleep
- Restricts movement during sleep
- Does not seem to be effective
- Straps/headgear cause discomfort
- Pressure on the upper lip causes tooth-related problems
- Latex allergy
- Claustrophobia
- An unconscious need to remove the CPAP device at night

Other: _____

Because of my inability 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 sleep apnea.

Patient Signature _____ Date: _____