



PATIENT NAME

DOB

TODAY'S DATE

I have mild or moderate sleep apnea and per the American Academy of Sleep Medicine, CMS Guidelines and insurance policy. I would like to use oral appliance therapy as a first line of treatment.

I am unable to use the nasal CPAP to manage my sleep related breathing disorder (apnea) and find it intolerable to use on a regular basis for the following marked 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
- 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 _____

PRINTED NAME OF PATIENT/RESPONSIBLE PARTY

SIGNATURE OF PATIENT/RESPONSIBLE PARTY