Daryl Yorek, DDS

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AFFIDAVIT OF INTOLERANCE OR NON-COMPLIANCE TO CPAP

the following reaso	An inability to get the mask to fit properly
	Disturbed or interrupted sleep caused by the prescence of the device
	Noise level from the device disturbing sleep or bed partner's sleep
	CPAP restricted movement during sleep
	Mask/Nasal accessory leaking beyond comfort
	Discomfort caused by the straps and headgear
	Pressure on the upper lip causes tooth related problems
	Latex allergy
	Claustrophobic associations
	Other
-	ance/inability to use the CPAP, I wish to have my OSA treated by terapy utilizing a custom fitted Mandibular Advancement Device.
Signature	
Date	