

# Statement of Sleep Apnea Therapy

- 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 first line 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 \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_