



Raphaelson Dental Sleep Center
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Patient's Name: _____

I have attempted to use CPAP (Continuous Positive Air Pressure) to manage my obstructive sleep apnea and find it intolerable to use on a regular basis for the following 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
- CPAP does not seem to be effective
- Pressure on the upper lip cause tooth related problems
- Latex allergy
- Claustrophobic associations
- An unconscious need to remove the CPAP apparatus at night
- Other: _____

Because of my intolerance to CPAP and inability to use the CPAP, I wish to have my obstructive sleep apnea treated with a custom fabricated oral device used to reduce upper airway collapsibility.

Patient Signature: _____ Date: _____

