Affidavit for Intolerance or Non Compliance to CPAP

I, ________________________, have attempted to use CPAP (Continuous Positive Air Pressure) to manage my sleep related breathing disorder (OSA-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 causes tooth related problems
- ❑ Latex allergy
- ❑ Claustrophobic associations
- ❑ An unconscious need to remove the CPAP apparatus at night
- ❑ Other ____

Because of my intolerance / inability to use the CPAP, I wish to have my OSA treated by Oral Appliance Therapy utilizing a custom fitted Mandibular Advancement Device

Signed: ____

Dated: ____

Informed Consent for the Treatment of Sleep-Related Breathing Disorders

You have been diagnosed by your physician as requiring treatment for a sleep-related breathing disorder, such as snoring and/or obstructive sleep apnea (OSA). OSA may pose serious health risks since it disrupts normal sleep patterns and can reduce normal blood oxygen levels. This condition can increase a person's risk for excessive daytime sleepiness, driving and work-related accidents, high blood pressure, heart disease, stroke, diabetes, obesity, memory and learning problems, and depression.

What is Oral Appliance Therapy?

Oral appliance therapy for snoring and/or OSA attempts to assist breathing by keeping the tongue and jaw in a forward position during sleeping hours. OAT has effectively treated many patients. However, there are no guarantees that it will be effective for you. Every patient's case is different and there are many factors that influence the upper airway during sleep. It is important to recognize that even when the therapy is effective, there may be a period of time before the appliance functions maximally. During this time, you may still experience symptoms related to your sleep-related breathing disorder.

A post-adjustment polysomnogram (sleep study) is necessary to objectively assure effective treatment. This must be obtained from your physician.

Side-Effects and Complications of Oral Appliance Therapy

Published studies show that short-term side effects of oral appliance therapy may include excessive salivation, difficulty swallowing (with appliance in place), sore jaws or teeth, jaw joint pain, dry mouth, gum pain, loosening of teeth, and short-term bite changes. There are also reports of dislodgement of ill-fitting dental restorations. Most of these side effects are minor and resolve quickly on their own or with minor adjustment of the appliance.

Long-term complications include bite changes that may be permanent resulting from tooth movement or jaw joint repositioning. These complications may or may not be fully reversible once oral appliance therapy is discontinued. If not reversible, restorative treatment or orthodontic intervention may be required for which you will be responsible.

Follow-up visits with the provider of your oral appliance are mandatory to ensure proper fit and a healthy condition. If unusual symptoms or discomfort occur that fall outside the scope of this consent, or if pain medication is required to control discomfort, it is recommended that you cease using the appliance until you are evaluated further.

Alternative Treatments for Sleep-Related Breathing Disorders

Other accepted treatments for sleep-related breathing disorders include behavioral modification, Continuous Positive Airway Pressure (CPAP) and various surgeries. It is your decision to choose oral appliance therapy to treat your sleep-related breathing disorder and you are aware that it may not be completely effective for you. It is your responsibility to report the occurrence of side effects and to address any questions to this provider's office. Failure to treat sleep-related breathing disorders may increase the likelihood of significant medical complications.

If you understand the explanation of the proposed treatment, have asked this provider any questions you may have about this form or treatment, please sign and date this form below. You will receive a copy.

Signature: ____ Date: ______________________

Print Name: ____________________________________

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Please contact your sleep doctor to fill out this page

Letter of Medical Necessity (ordering physician)

Re: ______________________________________ Date of Birth: __________________________

Patient Name

Based on a sleep study performed on ________________________, my patient was diagnosed with Obstructive Sleep Apnea (OSA- G47.33). The study indicates:

Apnea/Hypopnea Index (AHI) of ________

and/or Respiratory Disturbance Index (RDI) of ________

Various treatment options were presented and discussed with the patient. At this time, the patient: *(multiple answers may apply)*

- ☐ Is not a candidate for CPAP/Surgery
- ☐ Wants Oral Appliance as their first choice of treatment
- ☐ Failed other available treatment options
- ☐ Other:

I evaluated the patient on __________________________ and we discussed OSA. At this time, I believe that he/she may be an excellent candidate for Oral Appliance Therapy. I have referred him/her to Beth Snyder, DMD, who specializes in the treatment of OSA. The mandibular advancement device, which I have prescribed, is for the treatment of the patient's Obstructive Sleep Apnea, a medical condition, and is **NOT** for any dental disorder. (HCPCS code E0486)

As you may be aware, Obstructive Sleep Apnea requires a treatment that the patient can use long term. If left untreated, the patient is at risk for cardiovascular incidents, such as heart attack, stroke, arrhythmias, as well as diabetes, depression, memory issues, etc.

____ Date: ______/_____/_____

Physician's Signature

____ NPI # ______________________________

Physician's Name Printed

Faxed to: 215.230.4428

Beth Snyder, DMD, LVIF, FAGD, FICCMO

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