

U.S. Citizenship and Immigration Services

Re: *[Patient's full name; date of birth; and A-number (if known)]*

To Whom It May Concern:

I am writing this letter on behalf of *[patient's full name]*, who has been my patient since *[date you started treating patient]*. I am treating *[patient's name]* for *[relevant condition(s)]*.

*[Patient's name]'s [relevant condition(s)]* is characterized by *[list symptoms or effects, particularly those relevant to cognitive functioning]*. As a result of these symptoms, *[patient's name]* is unable to understand the meaning of the Oath of Allegiance and is not expected to ever be able to understand the meaning of the Oath. For this reason, *[patient's name]* is requesting a waiver of the oath requirement.

If you have any questions or require any further information, please contact me at *[your phone number/email]*.

Sincerely,

*[Handwritten signature]*

*[Your full name; License Number and Licensing State; Address]*