

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Doctor's Name]  
[Doctor's Office Name]  
[Office Address]  
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a refill for my Vyvanse prescription. My current prescription is set to expire on [expiration date], and I would greatly appreciate your assistance in processing this refill.

Patient Information:

- Full Name: [Your Full Name]
- Date of Birth: [Your DOB]
- Medication: Vyvanse
- Current Dosage: [Your Dosage]
- Prescription Number: [Prescription Number, if known]

If you need any additional information or would like to discuss my treatment plan, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]