

[Your Name]
[Your Title/Position]
[Your Organization/Institution]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to recommend [Patient's Full Name] for the use of Vyvanse as part of their treatment plan. As [his/her/their] [relation to patient, e.g., physician, therapist, etc.] for [duration of time], I have been closely involved in [his/her/their] care and have observed significant challenges related to [specific condition, e.g., ADHD, etc.].

[Patient's First Name] has demonstrated [specific symptoms or challenges that Vyvanse may address], which have impacted [his/her/their] [academic, occupational, or personal functioning]. Despite our efforts with [mention any previous interventions or treatments], [he/she/they] has not achieved the desired outcomes.

After thorough evaluation and considering [Patient's First Name]'s unique situation, I believe that Vyvanse would be a beneficial addition to [his/her/their] treatment regimen. Vyvanse has been shown to effectively help individuals manage their symptoms by [briefly mention how Vyvanse works or its benefits], which aligns with [Patient's First Name]'s needs. I strongly recommend the consideration of Vyvanse in [Patient's First Name]'s treatment plan, as I believe it will provide [him/her/them] with the opportunity to [improve focus, enhance daily functioning, etc.].

Please feel free to reach out to me for any further information or clarification regarding [his/her/their] condition and treatment history. Thank you for considering this recommendation.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization/Institution]
[Your Contact Information]