

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient's Title]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Vyvanse Dosage Adjustment Request

I hope this message finds you well. I am writing to discuss my current treatment plan involving Vyvanse. After closely monitoring my response to the medication and consulting with [mention any other healthcare providers if applicable], I believe a dosage adjustment may be necessary for optimal management of my condition.

****Current Dosage:**** [Current dosage]

****Observed Effects:**** [Briefly describe the effects you have experienced, both positive and negative]

****Proposed Dosage Adjustment:**** [Suggested new dosage]

****Justification:**** [Provide reasons for the requested adjustment, including any relevant symptoms or side effects]

I appreciate your attention to this matter and look forward to your guidance on the potential adjustment. Please let me know if you would like to schedule an appointment to discuss this further.

Thank you for your support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]