

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

Dear [Doctor's Name],

I am writing to request an evaluation for Vyvanse (lisdexamfetamine) as a potential treatment for my [specific condition, e.g., Adult Attention-Deficit/Hyperactivity Disorder (ADHD)].

In my experience, I have noticed [briefly describe symptoms or challenges, e.g., difficulty concentrating, managing time, or maintaining focus]. These difficulties have [mention impact on work, daily life, relationships, etc.].

After researching various treatment options, I believe that Vyvanse could be beneficial due to [provide reasons, e.g., its efficacy, duration of action, lower potential for abuse].

I would appreciate the opportunity to discuss this further and explore whether Vyvanse is an appropriate option for my treatment plan.

Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Name]