

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

Dear [Recipient Name],

I am writing to recommend Vyvanse (lisdexamfetamine) as a treatment option for [Patient's Name or "my patient"]. After a thorough evaluation and assessment of [his/her/their] condition, I believe that Vyvanse could significantly contribute to [his/her/their] treatment plan for [specific condition, e.g., ADHD].

[Insert a brief summary of the patient's background and symptoms, along with previous treatments attempted and their outcomes.]

Given Vyvanse's efficacy in [specific mechanisms or benefits], I am confident that it will help [Patient's Name] manage [his/her/their] symptoms effectively. Furthermore, its once-daily dosing and lower potential for abuse make it a suitable choice for [Patient's Name]. I appreciate your consideration of this recommendation and am open to discussing this further. Please feel free to contact me at [your phone number] or [your email address] should you require any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position]