

[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 hope this message finds you well. I am writing to discuss my current prescription for Vyvanse and to request a continuation of this medication.

Since I began taking Vyvanse, I have noticed significant improvements in my [mention specific symptoms or areas of focus, such as concentration, focus, daily functioning, etc.]. The medication has been effective in helping me manage my [mention specific condition or diagnosis, such as ADHD, etc.].

I believe that continuing this treatment will be beneficial for my ongoing progress and overall well-being. I would appreciate the opportunity to discuss this further during my next appointment. Thank you for your attention to this matter.

Sincerely,  
[Your Name]