

[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],

Subject: Request for Vyvanse Re-evaluation

I hope this letter finds you well. I am writing to formally request a re-evaluation of my current prescription for Vyvanse.

As you are aware, I have been using Vyvanse for [duration] to manage my [specific condition], and while I have experienced some benefits, I have noticed [specific concerns or changes in symptoms].

I believe that a re-evaluation of my treatment plan could provide insights into my progress and help us determine if any adjustments are necessary. I would appreciate the opportunity to discuss my current experience with the medication and explore alternative options if needed. Please let me know a convenient time for us to schedule an appointment. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]