

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Medical Institution/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Vyvanse Treatment Letter

I am writing to formally request treatment with Vyvanse (lisdexamfetamine dimesylate) for the management of my [condition, e.g., Attention Deficit Hyperactivity Disorder (ADHD)]. After thorough evaluations and consultations, it has been determined that this medication is appropriate for my treatment plan.

[Briefly explain your diagnosis, symptoms, and any previous treatments that have been attempted.]

Given the evidence from recent studies and my personal experience, I believe that Vyvanse could significantly improve my quality of life by [mention specific benefits, e.g., enhancing focus, reducing impulsivity].

I am eager to discuss this treatment option further and would appreciate your guidance on the next steps to initiate this medication. Thank you for your consideration.

Sincerely,

[Your Name]  
[Your Medical Record Number (if applicable)]  
[Signature (if sending a hard copy)]