

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Insurance Company/Medical Provider Name]
[Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to support the prescription of Vyvanse (lisdexamfetamine) for [Patient's Name], [Patient's Date of Birth], who has been diagnosed with [specific condition, e.g., Attention Deficit Hyperactivity Disorder (ADHD)].

[Patient's Name] has been struggling with symptoms such as [describe symptoms], which have significantly impacted their daily functioning and quality of life. After careful evaluation and consideration by [Patient's Healthcare Provider's Name], it has been determined that Vyvanse is the most appropriate treatment option.

Vyvanse has been clinically proven to provide benefits such as [list benefits, e.g., improving focus, reducing impulsivity, etc.], and in our case, it is expected to help [Patient's Name] achieve [specific goals related to treatment].

We understand the importance of effective treatment and assure you that [Patient's Name] will be closely monitored to assess the efficacy and any potential side effects of the medication.

Thank you for your attention to this matter, and we appreciate your support in providing access to Vyvanse for [Patient's Name].

Sincerely,

[Your Name]
[Your Title/Relationship to Patient]
[Your Signature (if sending a hard copy)]