

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

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a prescription for Vyvanse (lisdexamfetamine) for my patient, [Patient's Full Name], who has been diagnosed with [specific diagnosis, e.g., Attention Deficit Hyperactivity Disorder (ADHD)].

After careful evaluation and consideration of [Patient's Name]'s symptoms, I believe that Vyvanse therapy is an appropriate treatment option. [Patient's Name] has expressed challenges with [briefly describe symptoms or challenges], and I have assessed their condition to ensure that this medication will be beneficial.

I recommend initiating treatment with Vyvanse at a dosage of [initial dosage] and will monitor [Patient's Name] for effectiveness and any potential side effects during follow-up appointments.

Please let me know if you need further information or documentation regarding [Patient's Name]'s condition or treatment. Thank you for your attention to this matter.

Sincerely,

[Your Signature]  
[Your Name]  
[Your Title]  
[Your Medical License Number]  
[Your Practice Name]  
[Your Practice Address]  
[City, State, Zip Code]