

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Practice Name]
[Doctor's Address]
[City, State, ZIP Code]

Dear [Doctor's Name],

I am writing to formally request a prescription for Vyvanse as part of my treatment plan for [specific condition, e.g., ADHD]. After discussing my symptoms and treatment options with you during our recent appointment on [date of appointment], I believe that Vyvanse may be a suitable option to help manage my condition effectively.

[Include a brief description of your symptoms and challenges you have faced, possibly mentioning any previous treatments you may have tried.]

I understand that Vyvanse is a medication that requires careful consideration, and I am committed to following your recommendations and monitoring my progress closely. I trust your expertise and look forward to collaborating on the best course of action for my health.

Thank you for considering my request. I appreciate your time and attention to my needs, and I look forward to your response.

Sincerely,

[Your Name]
[Your Patient ID or Date of Birth, if applicable]