

[Your Name]  
[Your Title/Position]  
[Your Institution/Organization]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Institution/Organization]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing this letter to recommend [Patient's Name] for Vyvanse (lisdexamfetamine dimesylate) as a treatment for [specific condition, e.g., ADHD]. As [his/her/their] [relationship to the patient, e.g., physician, psychologist, etc.], I have had the opportunity to observe [Patient's Name] over [duration] and believe that Vyvanse will be beneficial for the following reasons:

1. **\*\*Diagnosis\*\***: [Briefly describe the patient's condition and the diagnosis].
2. **\*\*Previous Treatments\*\***: [Discuss previous treatments and their outcomes].
3. **\*\*Current Symptoms\*\***: [Outline the specific symptoms that warrant medication].
4. **\*\*Expected Benefits\*\***: [Explain the potential benefits of Vyvanse for the patient based on their individual needs].
5. **\*\*Monitoring Plan\*\***: [Describe how the patient will be monitored during treatment].

I am confident that Vyvanse is a suitable option for [Patient's Name], and I strongly recommend consideration for this medication. Should you have any questions or require further information, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature] (if sending a hard copy)  
[Your Printed Name]  
[Your Credentials/License Number]