

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

To Whom It May Concern,

This letter serves to confirm that [Patient's Name] is under my care at [Clinic/Practice Name]. After a comprehensive evaluation, I have diagnosed them with [specific condition, e.g., Attention Deficit Hyperactivity Disorder] and have determined that a prescription for Vyvanse (lisdexamfetamine) is medically necessary for their treatment. [Patient's Name] requires this medication to manage their symptoms effectively. I kindly ask that you accommodate any necessary arrangements for their continued treatment.

Please feel free to contact my office at [Phone Number] if you have any questions or require further information.

Sincerely,

[Doctor's Name]

[Doctor's Credentials]

[Doctor's Signature]

[Doctor's Contact Information]