

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a renewal of my Vyvanse prescription. I have been taking this medication for [duration of treatment] and have found it to be effective in managing my [condition or symptoms].

My current prescription is set to expire on [expiration date], and I would appreciate your assistance in continuing my treatment. If necessary, I am available for a follow-up appointment to discuss my progress and any adjustments that might be needed.

Thank you for your attention to this matter. I look forward to your prompt response.

Best regards,

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