

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

[Recipient's Name]
[Recipient's Position]
[Recipient's Institution/Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to recommend [Patient's Name] for Vyvanse (lisdexamfetamine dimesylate) as part of their treatment plan for Attention-Deficit/Hyperactivity Disorder (ADHD).

[Patient's Name] has been under my care since [Start Date of Treatment] and has exhibited [describe symptoms or challenges experienced]. After thorough evaluation and consideration of their medical history, I believe that Vyvanse could be a suitable option to address their symptoms due to [provide reasons for the recommendation, such as effectiveness, duration of action, patient's lifestyle, etc.].

[Include any previous treatments tried and their outcomes, if applicable.]

It is my professional opinion that introducing Vyvanse into [Patient's Name]'s treatment regimen will help improve their [describe areas of impact, such as focus, academic performance, behavior, etc.], and enhance their overall quality of life.

Please feel free to contact me should you require further information or clarification regarding this recommendation.

Thank you for considering this treatment option for [Patient's Name].

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Credentials]
[Your Institution/Organization]