

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Pharmacy Name]
[Pharmacy Address]
[City, State, Zip Code]

Dear [Pharmacy Manager/ Pharmacist's Name],
I hope this message finds you well. I am writing to request a refill for my prescription of Vyvanse (Lisdexamfetamine) for [Your Condition, e.g., ADHD].

- **Patient Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Prescription Number:** [Rx Number]
- **Doctor's Name:** [Your Doctor's Name]
- **Doctor's Phone Number:** [Your Doctor's Phone Number]

I would appreciate it if you could process this refill at your earliest convenience, as I am running low on my medication. If you have any questions or require further information, please do not hesitate to contact me or my doctor.

Thank you for your assistance.

Sincerely,
[Your Name]