

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

[Recipient's Name]
[Recipient's Title]
[Pharmaceutical Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Vyvanse Side Effects Report

I am writing to report side effects I have experienced while using Vyvanse (lisdexamfetamine), which I have been prescribed for [condition/treatment purpose] since [start date].

Details of the side effects:

- ****Symptoms experienced:**** [List specific symptoms, e.g., headache, insomnia, etc.]
- ****Duration of symptoms:**** [e.g., from start date to present; frequency of occurrence]
- ****Dosage taken:**** [e.g., dosage strength and frequency of administration]
- ****Other medications taken:**** [List any other medications you are taking]
- ****Medical history:**** [Brief relevant medical history]

I have consulted with my healthcare provider regarding these side effects, and [describe any actions taken, changes made in prescription, or recommendations received].

I appreciate your attention to my report and hope that this information contributes to the ongoing safety monitoring of Vyvanse.

Thank you for your time and consideration.

Sincerely,
[Your Name]