

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

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Institution/Hospital]  
[Recipient's Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Prescription Recommendation for Vyvanse

I hope this message finds you well. I am writing to recommend a prescription for Vyvanse (lisdexamfetamine) for my patient, [Patient's Name], who has been diagnosed with [specific diagnosis or condition]. [Provide a brief summary of the patient's medical history, symptoms, and treatments tried in the past. Include any relevant testing or evaluations performed.]

Given the patient's history and the challenges they face with [specific symptoms or functional impairments], I believe that Vyvanse could provide significant benefits in managing their condition. The patient has expressed a willingness to try this medication and understands the importance of regular follow-ups and monitoring.

I am confident that Vyvanse can contribute positively to [Patient's Name]'s treatment plan and improve their overall quality of life. Should you require any further information or clarification, please do not hesitate to contact me.

Thank you for considering this request.

Sincerely,

[Your Name]  
[Your Professional Title]  
[Your License/Certification Information]  
[Your Contact Information]