[Your Practice Name]
[Your Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Provider's Name]
[Provider's Address]
[City, State, Zip Code]
Dear [Provider's Name],
Re: Vyvanse Prescription for [Patient's Name]
I am writing to request a prescription for Vyvanse (lisdexamfetamine dimesylate) for my patient, [Patient's Name], who has been under my care for [duration] and diagnosed with [diagnosis].
Patient Information:
- DOB: [Date of Birth]
- Insurance Provider: [Insurance Company]
- Policy Number: [Policy Number]
Prescribing Information:
- Dosage: [Dosage]
- Quantity: [Quantity]
- Refills: [Number of Refills]
Indication for use: [Brief explanation of why Vyvanse is appropriate for this patient].
Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or wish to discuss this case.
Thank you for your attention to this matter.
Sincerely,
[Your Name]
[Your Title]
[Your License Number]