

[Your Name]
[Your Title]
[Your Organization]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Provider's Name]
[Provider's Title]
[Provider's Organization]
[Address]
[City, State, Zip Code]

Dear [Provider's Name],

Subject: Vyvanse Prescription Request for [Patient's Name]

I hope this letter finds you well. I am writing to request a prescription for Vyvanse (lisdexamfetamine) for my patient, [Patient's Name], who has been diagnosed with [Diagnosis/Condition].

[Patient's Name] has experienced [briefly describe symptoms and how they affect daily life], and after an extensive evaluation and consideration of treatment options, I believe Vyvanse is the most appropriate choice for managing their condition.

[Include any relevant medical history, previous treatments, and rationale for prescribing Vyvanse.]

I appreciate your attention to this matter and am happy to provide any additional information you may require.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]
[License Number, if applicable]