

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to discuss my ongoing need for Vyvanse medication. As you are aware, I have been diagnosed with [specific condition, e.g., ADHD] and have been following our treatment plan which includes the use of Vyvanse.

Since starting this medication, I have noticed significant improvements in my ability to focus, manage tasks, and maintain daily activities. However, I am concerned about [mention any specific concerns, side effects, or challenges you may be facing].

I would like to request a review of my current treatment and discuss the possibility of continuing my prescription for Vyvanse. I believe that maintaining this medication is essential for my overall progress and quality of life.

Thank you for your attention to this matter. I look forward to your guidance and appreciate your support.

Sincerely,
[Your Name]