

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

Dear Dr. [Doctor's Last Name],

I hope this letter finds you well. I am writing to request an assessment for Vyvanse to manage my [specific condition, e.g., ADHD symptoms, attention difficulties]. I have been experiencing [briefly describe symptoms or difficulties], which have significantly impacted my daily life.

I believe that Vyvanse could be a beneficial option for me, and I would appreciate your expertise in evaluating my situation. Please let me know a convenient time for us to discuss this further or if there are any forms or assessments you would like me to complete prior to our meeting. Thank you for your attention to this matter. I look forward to your response.

Sincerely,
[Your Name]