

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to request an adjustment to my current Vyvanse prescription. I have been on this medication for [duration], and while I have experienced some benefits, I have also encountered [describe specific issues or side effects, e.g., inadequate symptom control, side effects, etc.].

Given [reason for adjustment request, e.g., changes in symptoms, side effects, dosage considerations], I believe that adjusting my dosage could help improve my overall treatment outcomes. I would greatly appreciate your guidance on this matter and any recommendations you may have.

Thank you for considering my request. I look forward to discussing this with you during my next appointment or at your earliest convenience.

Sincerely,

[Your Name]  
[Your Patient ID (if applicable)]