

[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 message finds you well. I am writing to request a follow-up appointment for Vyvanse medication management.

As we discussed during my last visit, [briefly mention your symptoms or progress since starting Vyvanse, such as improved focus, ability to manage daily tasks, etc.]. However, I have noticed [mention any concerns or side effects, if applicable].

I would appreciate the opportunity to review my current dosage and any necessary adjustments to ensure optimal management of my symptoms.

Thank you for your continued support and guidance. Please let me know your available times for an appointment.

Best regards,

[Your Name]