

[Your Name]
[Your Position]
[School Name]
[School Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Healthcare Provider/Pharmacy Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a prescription for Vyvanse for [Student's Name], who is currently enrolled in [Grade/Class] at [School Name].

[Student's Name] has been experiencing [briefly describe symptoms or challenges that warrant the use of Vyvanse], which have impacted their academic performance and daily functioning. After discussing these concerns with [Parent/Guardian Name] and considering the recommended treatment options, we believe that Vyvanse may be beneficial for [Student's Name].

We kindly ask for your cooperation in facilitating this request and would appreciate any guidance you can provide on the next steps to ensure that [Student's Name] receives the necessary support.

Thank you for your attention to this matter. Please feel free to reach out if you need any further information or documentation.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position]
[School Name]