

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a renewal for my prescription of Vyvanse (Lisdexamfetamine), which I have been taking for [duration of treatment].

My current prescription is set to expire on [expiration date], and I would like to continue my treatment without interruption. I have been adhering to the prescribed dosage, and I believe the medication has been effective in managing my symptoms.

If you require any additional information or if a follow-up appointment is necessary, please let me know. Thank you for your attention to this matter, and I appreciate your support in my treatment.

Sincerely,

[Your Name]
[Your Date of Birth]
[Patient ID or relevant identifier, if applicable]