

[Your Name]  
[Your Title/Position]  
[Your Institution/Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[Recipient Institution/Practice Name]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Vyvanse Treatment Plan for [Patient's Name]

I am writing to outline the treatment plan for [Patient's Name], who has been diagnosed with [specific diagnosis, e.g., ADHD]. After careful evaluation and consideration of the patient's medical history and symptoms, I recommend initiating treatment with Vyvanse (lisdexamfetamine).

**\*\*1. Diagnosis:\*\***

- [Detail diagnosis]

**\*\*2. Treatment Goals:\*\***

- [List specific goals, e.g., improve attention span, reduce impulsivity]

**\*\*3. Dosage and Administration:\*\***

- Starting dosage: [e.g., 30mg once daily]

- Administration route: [e.g., orally, in the morning]

**\*\*4. Monitoring and Follow-Up:\*\***

- Schedule follow-up appointments: [e.g., every four weeks]

- Monitor for side effects and efficacy: [list specific monitoring strategies]

**\*\*5. Additional Recommendations:\*\***

- [Consider any behavioral therapy or lifestyle changes]

Please feel free to reach out if you have any questions or need further clarification regarding this treatment plan.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Credentials]