

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

Dear [Recipient Name],

Subject: Vyvanse Treatment Plan

I am writing to outline the treatment plan for [Patient's Name], who has been diagnosed with [specific diagnosis]. After careful evaluation and consideration, it has been determined that Vyvanse (lisdexamfetamine) is the appropriate medication for managing [his/her/their] symptoms.

****1. Goals of Treatment****

- Improve attention span and focus
- Reduce hyperactive behaviors
- Enhance academic and social functioning

****2. Dosage and Administration****

- Starting Dose: [Dosage, e.g., 30 mg once daily]
- Administration: To be taken in the morning with or without food

****3. Monitoring****

- Follow-up appointments will be scheduled [frequency, e.g., every 4-6 weeks] to assess effectiveness and side effects.
- Patient will be monitored for [specific side effects, adherence to medication, etc.].

****4. Additional Support****

- Behavioral therapy will be recommended in conjunction with medication.
- Engagement in [specific programs or interventions] will be encouraged.

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

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Credentials]