

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

Dear [Recipient's Name],

Re: Continuation of Care for [Patient's Name]

I hope this letter finds you well. I am writing to provide you with a continuation of care update for our mutual patient, [Patient's Name], who has been prescribed Vyvanse (lisdexamfetamine) as part of their treatment plan for [specific condition, e.g., ADHD].

****Patient Information:****

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Diagnosis: [Diagnosis]
- Treatment History: [Brief summary of treatment history and previous medications if applicable]

****Current Treatment:****

[Patient's Name] has been on Vyvanse since [start date]. The current dosage is [current dosage], and the patient reports [describe any notable patient-reported outcomes, side effects, compliance, etc.].

****Plan Moving Forward:****

I recommend [specific recommendations for ongoing treatment, monitoring, dose adjustments, follow-ups]. Please feel free to contact me if you have any questions or require further information regarding [Patient's Name]'s care.

Thank you for your attention to this matter, and for your continued collaboration in managing [Patient's Name]'s healthcare needs.

Sincerely,

[Your Name]
[Your Title]
[Your Institution/Practice Name]