

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Recipient's Organization]
[Recipient's Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Diagnosis and Recommendation for Vyvanse Treatment

I am writing to formally document the diagnosis and treatment plan for my patient, [Patient's Name], who has been under my care since [Date].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Diagnosis: Attention-Deficit/Hyperactivity Disorder (ADHD) (Include additional diagnostic criteria as needed)
- Date of Diagnosis: [Diagnosis Date]

After thorough assessment, including clinical interviews, ratings scales, and observations, it has been determined that [Patient's Name] meets the criteria for ADHD. Symptoms include [briefly list symptoms].

Given the impact of these symptoms on [his/her/their] daily functioning, I am recommending treatment with Vyvanse (lisdexamfetamine) as it is indicated for the management of ADHD in both children and adults. The medication is expected to help [Patient's Name] by [briefly describe expected outcomes or benefits].

Please let me know if you require any further information or documentation regarding this treatment plan.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Credentials]
[Your Position]
[Your Practice/Clinic Name]
[Your Practice/Clinic Address]
[City, State, ZIP Code]