

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

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

Dear [Recipient Name],

RE: Continuity of Care for [Patient's Full Name]

I am writing to provide information regarding the continuity of care for my patient, [Patient's Full Name], who has been under my care since [Date].

Diagnosis:

[Briefly describe the patient's diagnosis and any relevant history.]

Treatment Plan:

[Detail the treatment plan, including dosage and administration of Vyvanse, monitoring requirements, and any adjustments made to the treatment.]

Current Status:

[Summarize the patient's current status, including response to treatment, adherence to medication, and any side effects or challenges encountered.]

Recommendations:

[Provide any recommendations for ongoing care, including follow-up appointments or additional assessments needed.]

Please do not hesitate to contact me if you require further information or clarification regarding [Patient's Full Name]'s care.

Thank you for your collaboration in ensuring the best possible outcome for our patient.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Credentials]  
[Your License Number]