

[Your Name]
[Your Title/Position]
[Your Practice Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]
Subject: Vyvanse Medication Management
Dear [Patient's Name],
I hope this letter finds you well. This correspondence serves to outline your current medication management plan regarding Vyvanse (lisdexamfetamine dimesylate).
Medication: Vyvanse
Dosage: [Dosage Amount]
Frequency: [How often you take it]
Duration: [Length of time the prescription is for]
Indications:
- [Briefly describe the diagnosis or reason for prescribing Vyvanse]
Goals of Treatment:
- [List the goals of using Vyvanse, e.g., improved focus, decreased impulsivity]
Monitoring:
You will be monitored for:
- Efficacy of the medication
- Side effects
- Overall progress towards treatment goals
Next appointment for follow-up:
[Date and Time]
Please feel free to reach out if you have any questions or concerns regarding your treatment.
Best regards,
[Your Signature]
[Your Printed Name]
[Your Credentials]