

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Pharmacy Name/Patient's Care Team],

Re: Prescription for Vyvanse (Lisdexamfetamine)

Patient: [Patient's Name]

Date of Birth: [Patient's DOB]

Patient ID: [Patient's ID]

I am writing to prescribe Vyvanse (Lisdexamfetamine) for [Patient's Name], who has been diagnosed with [specific condition, e.g., ADHD]. After thorough evaluation and consideration of the patient's medical history, I believe that this medication will be beneficial as part of their treatment plan.

****Dosage Instructions:****

- Medication: Vyvanse
- Dosage: [specific dosage, e.g., 30 mg]
- Route: Oral
- Frequency: [e.g., once daily in the morning]
- Refills: [number of refills, e.g., 2 refills]

****Treatment Considerations:****

[Add any relevant treatment considerations, such as prior medication trials, contraindications, or specific monitoring needs.]

Please ensure that the prescription is filled at a licensed pharmacy. If there are any questions regarding this prescription or the patient's treatment plan, do not hesitate to contact my office at [your contact information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Clinic Name]

[Your Contact Information]

[Your License Number]

[Optional: Additional Notes or Attachments]