

**\*\*Vyvanse Prescription Template\*\***

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**\*\*Patient Information:\*\***

- Name: [Patient's Full Name]
- Date of Birth: [MM/DD/YYYY]
- Address: [Patient's Address]
- Phone Number: [Patient's Phone Number]

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**\*\*Date of Prescription:\*\*** [MM/DD/YYYY]

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**\*\*Prescriber Information:\*\***

- Prescriber Name: [Your Full Name, MD/DO]
- NPI Number: [Your NPI]
- Address: [Your Address]
- Phone Number: [Your Phone Number]
- Fax Number: [Your Fax Number]

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**\*\*Medication Information:\*\***

- Medication Name: Vyvanse
- Dosage Form: [e.g., Capsule]
- Strength: [e.g., 30 mg]
- Quantity: [e.g., 30 capsules]
- Directions for Use: Take [e.g., one capsule] orally once daily in the morning
- Refills: [e.g., 0, 1, 2, etc.]

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**\*\*Diagnosis:\*\***

- [Specify Diagnosis, e.g., Attention Deficit Hyperactivity Disorder (ADHD)]

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**\*\*Additional Instructions:\*\***

- [Any additional information or instructions for the pharmacist or patient]

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**\*\*Prescriber Signature:\*\***

[Electronic/Handwritten Signature]

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**\*\*Date Signed:\*\*** [MM/DD/YYYY]

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**\*\*End of Template\*\***