

****Vyvanse Prescription Documentation Template****

****Patient Information:****

- Name: [Patient's Full Name]
- Date of Birth: [DD/MM/YYYY]
- Gender: [Male/Female/Other]
- Patient ID: [Unique Identification Number]

****Prescribing Physician Information:****

- Name: [Physician's Full Name]
- NPI Number: [National Provider Identifier]
- Contact Information: [Phone Number, Email]
- Practice Address: [Full Address]

****Diagnosis:****

- [Specify diagnosis related to the prescription of Vyvanse, such as ADHD or Binge Eating Disorder]

****Request for Medication:****

- Medication Name: Vyvanse
- Dosage: [Specify dosage, e.g., 20 mg, 30 mg, etc.]
- Route of Administration: Oral
- Frequency: [e.g., Once daily in the morning]

****Indication for Use:****

- [Detail clinical reasons for prescribing Vyvanse, including symptoms and previous treatments]

****Treatment Plan:****

- Initial Treatment Duration: [Specify duration, e.g., 3 months]
- Follow-Up Appointment: [Specify date and purpose for follow-up]

****Patient History:****

- Allergies: [List any known allergies]
- Current Medications: [List any other medications the patient is taking]
- Relevant Medical History: [Summarize any pertinent medical history]

****Patient Counseling:****

- [Notes on patient counseling regarding usage, side effects, and expectations]

****Signature:****

- Prescriber's Signature: _____
- Date of Prescription: [DD/MM/YYYY]

****Notes:****

- Ensure compliance with local regulations and guidelines for controlled substances.
- Document any additional instructions or patient concerns discussed during the appointment.