Vyvanse Prescription Template

Patient Information:

- Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____
- Insurance Information: _____

Date of Prescription: _____

Medication Information:

- Medication Name: Vyvanse
- Dosage Form: Capsule
- Strength: _____ mg
- Quantity: _____
- Directions for Use: _____
- Refills: _____

Diagnosis:

- Attention-Deficit/Hyperactivity Disorder (ADHD) / Binge Eating Disorder (choose applicable)

Prescriber Information:

- Name: _____
- NPI Number: _____
- Phone Number: _____
- Fax Number: _____
- Signature: _____

Additional Instructions/Comments:

_____

___

Emergency Contact Information:

In case of adverse reactions, please contact:

- Name: _____
- Phone Number: _____

Disclaimer: This prescription is valid only if signed by the prescribing practitioner.