

[Your Clinic Name]
[Your Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

I am writing to formally prescribe you Vyvanse (lisdexamfetamine) to assist in the management of your Attention-Deficit/Hyperactivity Disorder (ADHD) symptoms. After assessing your condition and considering your treatment options, I believe that Vyvanse is a suitable medication for your needs.

Dosage: [Dosage details]

Refills: [Number of refills]

Please take this prescription to your preferred pharmacy. Should you have any questions, or if you do not notice an improvement in your symptoms, do not hesitate to contact my office for further guidance.

Best regards,

[Your Name]

[Your Title/Position]

[Your Medical License Number]

[Your Signature]