

[Your Name]  
[Your Title/Position]  
[Your License Number]  
[Your Practice Name]  
[Your Practice Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Pharmacy Name]  
[Pharmacy Address]  
[City, State, Zip Code]  
RE: Prescription for Vyvanse  
Patient Name: [Patient's Full Name]  
Date of Birth: [Patient's Date of Birth]  
Patient's Address: [Patient's Address]  
Dear [Pharmacist's Name or "To Whom It May Concern"],  
I am writing to prescribe Vyvanse (lisdexamfetamine) for my patient,  
[Patient's Full Name], who has been diagnosed with [specific diagnosis,  
e.g., ADHD].  
Dosage: [Dosage amount]  
Directions: [Directions for use, e.g., Take once daily in the morning]  
Quantity: [Total quantity]  
Refills: [Number of refills]  
Please feel free to contact me at [Your Phone Number] if you have any  
questions or need further information regarding this prescription.  
Thank you for your assistance.  
Sincerely,  
[Your Signature]  
[Your Printed Name]  
[Your Credential/License]  
[Your Practice Name]