Vyvanse Prescription Template

Patient Information:

- **Name:** [Patient's Full Name]
- **DOB:** [Date of Birth]
- **Gender:** [Male/Female/Other]
- **Address:** [Patient's Address]
- **Contact Number:** [Patient's Phone Number]

Prescriber Information:

- **Name:** [Prescriber's Full Name]
- **Practice Name:** [Practice or Clinic Name]
- **Address:** [Prescriber's Address]
- **Contact Number:** [Prescriber's Phone Number]
- **NPI Number:** [Prescriber's NPI]

Prescription Details:

- **Date:** [Date of Prescription]
- **Medication:** Vyvanse
- **Dosage:** [Dosage in mg]
- **Directions for Use:** [E.g., Take one capsule by mouth once daily in the morning]
- **Quantity:** [Total number of capsules/tablets]
- **Refills:** [Number of refills allowed]

Diagnosis/Indication:

- [Specify mental health condition or diagnosis]

Provider Signature:

- [Prescriber's Signature]
- [Date of Signature]

Notes/Comments:

- [Any additional notes or considerations]

End of Prescription