

[Your Name]  
[Your Title/Position]  
[Your Medical Practice Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

I am writing to formally prescribe Vyvanse (lisdexamfetamine) for the treatment of your Attention Deficit Hyperactivity Disorder (ADHD). After evaluating your symptoms and considering your medical history, I believe that Vyvanse will be an effective option for you.

Dosage: [Insert dosage details]

Instructions: [Insert specific instructions regarding medication intake]

Please adhere to the following guidelines while taking this medication:

1. Take Vyvanse as directed.
2. Do not exceed the prescribed dosage.
3. Report any side effects or unusual symptoms immediately.

I recommend scheduling follow-up appointments to monitor your progress and make any necessary adjustments to your treatment plan.

If you have any questions or concerns, please feel free to contact my office.

Sincerely,

[Your Name]  
[Your Medical Credentials]  
[Your Signature (if printed)]