

[Doctor's Name]
[Doctor's Title]
[Medical Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]
RE: Prescription for Vyvanse
Dear [Patient's Name],
After a thorough evaluation of your medical history and current symptoms,
I am prescribing Vyvanse (lisdexamfetamine) to address your attention
deficit hyperactivity disorder (ADHD) symptoms.
Dosage: [Specify dosage]
Frequency: [Specify frequency]
Duration: [Specify duration]
Please follow the instructions carefully and schedule a follow-up
appointment in [number of weeks/months] to monitor your progress and any
potential side effects.
If you have any questions or concerns regarding your treatment, do not
hesitate to reach out to my office.
Sincerely,
[Doctor's Signature]
[Doctor's Printed Name]
[License Number]
[Medical Practice Name]