

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

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

****PRESCRIPTION NOTE****

Dear [Pharmacy Name],

I am writing to prescribe Vyvanse (lisdexamfetamine) for my patient,
[Patient's Name], who has been diagnosed with Attention-
Deficit/Hyperactivity Disorder (ADHD).

****Medication:**** Vyvanse

****Dosage:**** [Specify dosage, e.g., 30 mg]

****Quantity:**** [Specify quantity, e.g., 30 capsules]

****Directions:**** Take [specify directions, e.g., "one capsule orally in
the morning"].

****Refills:**** [Specify number of refills, e.g., "2 refills"]

****Diagnosis:**** Attention-Deficit/Hyperactivity Disorder (ADHD)

Please feel free to contact me at [Your Phone Number] if you have any
questions regarding this prescription.

Sincerely,

[Your Name], MD
[Your Specialty]
[Your Medical License Number]
[Signature]