

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Doctor's Name]  
[Doctor's Office Name]  
[Office Address]  
[City, State, Zip Code]

Dear [Doctor's Name],

Subject: Vyvanse Withdrawal Management

I hope this letter finds you well. I am writing to discuss my current situation regarding my Vyvanse prescription and the withdrawal symptoms I am experiencing after reducing my dosage.

As you know, I have been taking Vyvanse for [duration], and I am now looking to [details about your transition plan or reasons for discontinuation]. I have noticed some withdrawal symptoms, including [list symptoms], and I would like to seek your guidance on how to manage these effectively.

It would be helpful to discuss:

1. A tapering schedule that could minimize withdrawal effects.
2. Additional support options, such as therapy or alternative medications.
3. Potential lifestyle changes that may assist in the transition.

I appreciate your help and look forward to your recommendations. Please let me know a suitable time for us to discuss this.

Thank you for your understanding and support.

Sincerely,

[Your Name]