

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

[Recipient's Name]  
[Recipient's Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally notify you of my decision to terminate my prescription for Vyvanse, effective immediately. After careful consideration and consultation with my healthcare provider, I believe this is the best course of action for my health and well-being.

Please ensure that my records reflect this decision and that no further refills or prescriptions for Vyvanse will be processed. I appreciate your attention to this matter and request confirmation of this termination.

Thank you for your understanding and support.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]