

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to formally discuss my decision to discontinue the use of Vyvanse (lisdexamfetamine) and to address the withdrawal symptoms I am experiencing as a result.

Over the past [duration of use], I have been prescribed Vyvanse to manage [specific condition or symptoms]. While I appreciate the benefits it has provided me, I have decided that it is in my best interest to stop taking the medication due to [reasons for discontinuation, e.g., side effects, personal circumstances, etc.].

As I have begun the withdrawal process, I have noticed some symptoms, including [list symptoms, e.g., fatigue, irritability, mood swings, etc.]. I am concerned about the impact these symptoms may have on my daily life and would appreciate your guidance on how to manage them effectively.

I would like to schedule an appointment to discuss my withdrawal plan and any alternative treatment options that may be appropriate for my situation.

Thank you for your understanding and support. I look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]