

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the withdrawal of my Vyvanse prescription, which I have been taking since [start date]. After careful consideration and consultation with my healthcare provider, I have decided that it is in my best interest to discontinue this medication. I have discussed my reasons for this decision with my doctor and feel confident that this is the right step for my health at this time. I would appreciate your assistance in facilitating this process and ensuring that my medical records reflect this change.

Thank you for your understanding and support. Please let me know if there are any forms or further information you require from my end.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]