

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request a withdrawal from my Vyvanse prescription. After careful consideration and discussions regarding my treatment plan, I believe it is in my best interest to discontinue this medication.

I would appreciate your guidance on how to safely taper off Vyvanse and any alternative treatments you may recommend moving forward. Please let me know a suitable time for us to discuss this in more detail.

Thank you for your understanding and support.

Sincerely,
[Your Name]