

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request the termination of my Vyvanse prescription. After careful consideration and discussions about my current treatment plan, I believe it is in my best interest to discontinue the medication.

Please let me know if there are any necessary steps I should follow or if you require any additional information from me. I appreciate your understanding and support regarding this decision.

Thank you for your attention to this matter.

Sincerely,
[Your Name]