

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request the withdrawal of my prescription for Vyvanse. After careful consideration and discussion, I believe it is in my best interest to discontinue its use.

Please let me know if there are any necessary steps I need to take, or if you would recommend a tapering schedule for a safe discontinuation. I appreciate your guidance and support in this matter.

Thank you for your understanding.

Sincerely,
[Your Name]