

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Healthcare Provider's Name]  
[Practice or Clinic Name]  
[Address]  
[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to formally request the cessation of my Vyvanse prescription, which I have been taking for [duration of use]. After careful consideration and discussion with my support network, I believe it is in my best interest to discontinue this medication.

I would greatly appreciate your guidance on the process for safely tapering off Vyvanse, as well as any alternative treatments or strategies you might recommend to support my well-being during this transition.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]