

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to inform you of my decision to discontinue the use of Vyvanse. After careful consideration and discussion with you during our recent appointments, I believe that it is in my best interest to explore alternative treatment options for my condition.

I would like to thank you for the support and guidance you have provided during my time on this medication. I appreciate your understanding as I transition away from Vyvanse.

Please let me know if you recommend any specific steps I should take during this discontinuation process or if you have alternative treatments that you believe may be suitable for my needs.

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

Sincerely,
[Your Name]