

[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 am writing to formally request the termination of my use of Vyvanse (lisdexamfetamine). After careful consideration and in consultation with my healthcare team, I believe it is in my best interest to discontinue this medication.

Please let me know if there are any steps I need to follow or any alternative treatments you would recommend during this transition. I appreciate your ongoing support and guidance.

Thank you for your understanding.

Sincerely,
[Your Name]