

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Healthcare Provider's 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 a withdrawal from my Vyvanse prescription, which I have been taking since [start date]. After careful consideration, I believe it is in my best interest to discontinue the medication due to [brief explanation of reasons, e.g., side effects, personal decision, etc.].

I kindly ask that you assist me in the withdrawal process and advise on any necessary steps I need to take. I appreciate your guidance and support during this transition.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,
[Your Name]