

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Recipient's Organization/Practice]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the cessation of my Vyvanse prescription, which I have been taking for [duration of time]. After careful consideration and consultation, I have decided that it is in my best interest to discontinue the medication. I would appreciate your guidance on the appropriate steps to take during this process, including any necessary follow-up appointments or adjustments to my treatment plan. Please let me know if there are any forms or procedures I need to complete.

Thank you for your understanding and support. I look forward to hearing from you soon.

Sincerely,

[Your Name]  
[Your Contact Information]