

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to discuss my current prescription of Vyvanse and my desire to begin a withdrawal process. After careful consideration, I feel that discontinuing the medication is the best step for my health at this time.

I would appreciate your guidance on how to safely taper off the medication and any recommendations you might have for managing potential withdrawal symptoms. Please let me know a convenient time for us to discuss this in detail.

Thank you for your understanding and support.

Sincerely,
[Your Name]