

[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 message finds you well. I am writing to formally request to discontinue my Vyvanse prescription due to [brief reason, e.g., side effects, personal preference, etc.].

After careful consideration and observation, I believe that stopping the medication is in my best interest at this time. I would appreciate your guidance on how to safely transition off Vyvanse, and any recommendations for alternative management strategies.

Thank you for your understanding and support. I look forward to your response.

Sincerely,
[Your Name]