

[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 am writing to formally notify you of my decision to withdraw from Vyvanse treatment. After careful consideration, I have decided that it is in my best interest to discontinue the medication.

Please let me know if you require any further information or if there are specific steps I need to follow to ensure my withdrawal is handled appropriately.

Thank you for your understanding and support.

Sincerely,

[Your Name]