

****Subject:**** Notification of Vyvanse Withdrawal

****Dear [Recipient's Name],****

I hope this message finds you well. I am writing to formally notify you of my decision to withdraw from Vyvanse (lisdexamfetamine) medication.

****Details of Withdrawal:****

- ****Patient Name:**** [Your Full Name]
- ****Date of Birth:**** [Your Date of Birth]
- ****Medication:**** Vyvanse (lisdexamfetamine)
- ****Dosage:**** [Current Dosage]
- ****Prescribing Physician:**** [Physician's Name]
- ****Last Day of Medication:**** [Intended Date]

I have considered this decision carefully and have taken into account the associated effects on my health and well-being. Please let me know if there are any necessary steps I need to follow or if further documentation is required.

Thank you for your understanding and support during this process.

Best regards,

[Your Name]

[Your Contact Information]

[Your Address (if necessary)]

[Date]