

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to formally request the discontinuation of my Vyvanse (lisdexamfetamine) prescription. After careful consideration and discussion with my support network, I believe that it is in my best interest to stop taking this medication.

[Optional: Briefly explain your reasons for discontinuation, such as side effects, lack of effectiveness, or personal choice.]

I understand the importance of a managed approach to medication changes and would appreciate your guidance on how to safely transition off Vyvanse. If necessary, I would like to schedule an appointment to discuss alternative options or any required tapering process.

Thank you for your understanding and support in this matter.

Sincerely,  
[Your Name]