

[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]  
Subject: Vyvanse Cessation Request

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request the cessation of my Vyvanse prescription. After careful consideration, I believe it is in my best interest to discontinue the medication. Please let me know if you require any further information or if we need to arrange a follow-up appointment to discuss this request.

Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]