

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Medical Facility/Practice Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the withdrawal of my prescription for Vyvanse (lisdexamfetamine). After careful consideration and consultation, I have decided to discontinue this medication.

I would like to express my gratitude for the support and guidance provided during my treatment. However, I believe it is in my best interest to pursue alternative options at this time.

Please let me know the steps I need to take in order to officially withdraw from this medication, and if there are any necessary follow-up appointments or procedures that I should be aware of.

Thank you for your understanding and assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]