

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization/Institution Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to provide an explanation regarding my recent withdrawal from Vyvanse. I have been prescribed this medication for [specific purpose, e.g., attention deficit hyperactivity disorder] and have been taking it for [duration]. However, I have experienced several side effects that prompted me to reconsider my treatment plan.

[Describe specific symptoms or side effects experienced, e.g., difficulty sleeping, mood changes, fatigue.]

After discussion with my healthcare provider, we concluded that the risks associated with continued use outweigh the benefits, leading to my decision to discontinue the medication. I am aware that withdrawal symptoms may occur, and I am currently working on a plan to manage these effectively.

Thank you for your understanding regarding this matter. I appreciate your support as I navigate this transition.

Sincerely,

[Your Name]