

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

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the discontinuation of my Vyvanse prescription. After careful consideration and consultation with my healthcare provider, I have decided to withdraw from this medication due to [brief reason for withdrawal, e.g., side effects, personal choice, concerns about dosage].

I understand the importance of following a proper discontinuation plan, and I would like to discuss the best steps to take to ensure a safe and effective withdrawal process. Please let me know how we can proceed with this matter.

Thank you for your understanding and support. I look forward to your prompt response.

Sincerely,
[Your Name]