

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to formally inform you of my decision to withdraw from Vyvanse treatment. After careful consideration and discussions regarding my health, I believe this is the best course of action for me at this time.

I appreciate the care and support you have provided throughout my treatment. Please let me know if there are any necessary steps I need to take in order to safely discontinue the medication. I value your guidance and would like to ensure a smooth transition during this process.

Thank you for your understanding and support. I look forward to your advice on how to proceed.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]