

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Healthcare Provider's Name]
[Provider's Office or Clinic Name]
[Office Address]
[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to formally notify you of my decision to withdraw from Vyvanse treatment, effective immediately. This decision comes after careful consideration of my current health circumstances.

I appreciate the care and support you and your team have provided during my treatment. Please let me know if there are any necessary steps I need to take or if you require any additional information regarding my decision.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]