

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this letter finds you well. I would like to schedule an appointment for the removal of my IUD. Please let me know your available dates and times.

Thank you for your assistance.

Sincerely,

[Your Name]