

[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 am writing to formally request the removal of my intrauterine device (IUD) that was placed on [date of insertion]. After careful consideration, I have decided that I would like to discontinue its use for personal reasons.

I would appreciate it if you could schedule an appointment at your earliest convenience for the removal procedure. Please let me know if there are any specific recommendations or preparations I should follow prior to the appointment.

Additionally, if there are any alternative contraceptive methods you would recommend post-removal, I would be glad to discuss those options during the visit.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]  
[Date of Birth]  
[Patient ID or Medical Record Number, if applicable]