

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to request the removal of my intrauterine device (IUD). My current IUD was inserted on [insert date of insertion], and I would like to schedule an appointment to have it removed at your earliest convenience.

I appreciate your guidance and support during my time with the device, and I look forward to your advice on the next steps following the removal. Please let me know about possible appointment dates and times. Thank you for your attention to this matter.

Sincerely,
[Your Name]