

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

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the removal of my Intrauterine Device (IUD) at your earliest convenience.

My details are as follows:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- IUD Type: [Type of IUD]
- Insertion Date: [Date of IUD Insertion]

I would appreciate it if you could schedule an appointment for the removal procedure. Please let me know your available dates and times. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]