

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Healthcare Provider's Office]
[Provider's Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to authorize the removal of my intrauterine device (IUD).
Please find my details below:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Patient ID (if applicable):** [Your Patient ID]

I understand the procedure and the implications involved in the removal of the IUD. I request that the removal take place at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]