

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Healthcare Provider's Name]  
[Clinic or Hospital Name]  
[Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: IUD Removal Notification

I hope this message finds you well. I am writing to formally notify you of my request to schedule an appointment for the removal of my IUD.

Details of my IUD:

- Type: [Type of IUD]
- Insertion Date: [Date of Insertion]

I would appreciate it if you could provide me with available dates and times for the removal procedure. If there are any specific instructions or preparations needed prior to the appointment, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]