

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Medical Facility/Practice Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request information regarding the IUD removal procedure that I have scheduled on [date of appointment].

I would appreciate it if you could provide an overview of the steps involved in the removal process, any necessary preparations I should make prior to the appointment, and what to expect during and after the procedure. Additionally, please let me know if there are any potential risks or side effects I should be aware of, as well as any aftercare instructions.

Thank you for your assistance. I look forward to hearing from you soon.

Sincerely,

[Your Name]  
[Your Patient ID/Medical Record Number, if applicable]