

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]
[Date]
[Healthcare Provider's Name]
[Healthcare Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request the removal of my intrauterine device (IUD). My details are as follows:

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

I would like to schedule an appointment for the removal at your earliest convenience. Please let me know what dates and times are available.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,
[Your Name]