

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

Dear [Doctor's Name],

I am writing to formally express my intent to have my intrauterine device (IUD) removed. After careful consideration, I have decided that [brief reason for removal, if comfortable sharing, e.g., family planning changes, personal health reasons, etc.].

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

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

Sincerely,  
[Your Name]