

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally 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]
- Type of IUD: [Specify type if known]
- Date of Insertion: [Date of IUD insertion]

After careful consideration, I have decided that I would like to discontinue the use of this contraceptive method. Please let me know the next steps to schedule an appointment for the removal.

Thank you for your attention to this matter.

Sincerely,
[Your Name]