

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

Dear [Healthcare Provider's Name],
I hope this letter finds you well. I am writing to request an appointment for the removal of my intrauterine device (IUD).

I have been experiencing [briefly describe any concerns or reasons for removal, e.g., discomfort, changes in menstrual cycle, desire to conceive, etc.]. After discussing these concerns and considering my options, I have decided that it is best for me to proceed with the removal.

Please let me know your available dates and times for the appointment. I appreciate your attention to this matter and look forward to your response.

Thank you for your continued care.

Sincerely,

[Your Name]
[Your Date of Birth or Patient ID, if applicable]