

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Office or Clinic Name]
[Office 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), which was inserted on [insert date of insertion]. Due to [briefly explain reason, e.g., discomfort, desire to conceive, change in personal circumstances], I believe it is in my best interest to have the device removed.

Please let me know the earliest available appointment for the procedure. If there are any preparatory steps I need to take or forms I need to complete prior to the appointment, kindly inform me.

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

Sincerely,

[Your Name]
[Your Date of Birth] (optional)
[Your Patient ID Number] (optional)