

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request the removal of my intrauterine device (IUD) at your earliest convenience. My decision to have it removed is based on [briefly explain reason, if comfortable, e.g., personal health reasons, change in family planning, etc.].

Please let me know the available dates and times for this procedure. I appreciate your assistance and look forward to your response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]