

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

Dear [Healthcare Provider's Name],

I hope this letter finds you well. I am writing to formally request the removal of my intrauterine device (IUD). My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- IUD Type: [Type of IUD (if applicable)]
- Date of Insertion: [Date IUD Was Inserted]

Due to [brief reason for removal, e.g., personal preference, side effects, etc.], I would like to schedule an appointment for this procedure at your earliest convenience.

Please let me know the available dates and any preparations I may need to make prior to the appointment. Thank you for your attention to this matter.

Sincerely,
[Your Name]