

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Doctor's Name]
[Doctor's Office/Clinic Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to formally request the removal of my intrauterine device (IUD) that was inserted on [insert date of insertion].

After careful consideration and consultation with my healthcare providers, I believe that it would be in my best interest to have the device removed at this time. I appreciate the benefits that the IUD has provided, but I have been experiencing [explain any concerns or reasons for removal, such as side effects, personal circumstances, etc.].

I understand the removal procedure and am prepared to follow the necessary steps for a safe and efficient process.

Please let me know how we can arrange an appointment at your earliest convenience. Thank you for your understanding and support regarding this matter. I look forward to your prompt response.

Warm regards,

[Your Signature (if sending a hard copy)]
[Your Printed Name]