

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Health Care Facility/Clinic Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request the removal of my intrauterine device (IUD), which was inserted on [insert date of insertion]. I have considered this decision carefully and believe it is in my best interest at this time.

Please let me know the process for scheduling an appointment for the removal, as well as any necessary preparations or information I should have beforehand. I would appreciate any guidance you can provide regarding post-removal care and what to expect during the appointment. I look forward to your prompt response so we can arrange a convenient time for the procedure.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Medical Record Number, if applicable]