

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

Dear [Doctor's Name],

Subject: Request for IUD Application

I hope this letter finds you well. I am writing to formally request the application of an Intrauterine Device (IUD) for contraceptive purposes. I have considered various contraceptive options and believe that an IUD would be the most suitable choice for my needs due to its effectiveness and long-term use. After discussing my medical history and current health status, I am convinced that this option aligns with my family planning goals.

Please let me know the necessary steps to proceed with the IUD application and if there are any additional assessments required prior to the procedure.

Thank you for your attention to this matter. I look forward to your guidance and support.

Sincerely,

[Your Name]
[Your Date of Birth]