

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

Dear [Healthcare Provider's Name],

I am writing to request an appointment for the insertion of an intrauterine device (IUD) for contraception purposes.

I would like to discuss the options available and proceed with the insertion at your earliest convenience. Please let me know what steps I need to take prior to the appointment or if there are any specific requirements.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]