

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

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to inquire about the availability of IUD insertion services at your facility. I am interested in exploring this contraceptive option and would appreciate any information regarding the process, costs, and scheduling an appointment. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]