

[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 letter finds you well. I am writing to request an appointment to discuss and obtain a contraceptive intrauterine device (IUD).

As I consider my options for effective and long-term contraception, I believe that an IUD may be suitable for my needs. I would appreciate the opportunity to discuss the various types available, their effectiveness, and any potential side effects.

Please let me know when I may come in for a consultation. I am looking forward to your guidance on this matter.

Thank you for your time and assistance.

Sincerely,

[Your Name]