

[Your Clinic/Practice Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Appointment Confirmation for IUD Insertion

We are writing to confirm your appointment for the intrauterine device (IUD) insertion. Please find the details of your appointment below:

****Appointment Date:**** [Insert Date]

****Time:**** [Insert Time]

****Location:**** [Insert Clinic/Practice Name and Address]

****Provider:**** [Insert Provider's Name]

****Preparation Instructions:****

- Please arrive at least [Insert Time] minutes early.
- Bring your insurance information and identification.
- Avoid sexual intercourse for [Insert Time Period] prior to the appointment.
- Notify us if you are experiencing any changes in your health prior to the appointment.

If you have any questions or need to reschedule, please contact our office at [Insert Phone Number].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]

[Contact Information]