

[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, [Your Full Name], hereby give my consent for the placement of an intrauterine device (IUD) as discussed in my consultation on [Date of Consultation]. I understand the procedure, its benefits, and potential risks, as well as alternatives to this method of contraception.

I acknowledge that I have had the opportunity to ask questions and that all my concerns have been addressed to my satisfaction. I understand that I can change my mind at any time regarding the procedure.

Please proceed with the IUD placement on [Scheduled Date of Procedure].

Thank you for your care and support.

Sincerely,

[Your Signature (if submitting a hard copy)]

[Your Printed Name]

[Date of Birth]

[Patient ID (if applicable)]