

[Your Clinic Name]
[Your Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

We look forward to seeing you for your IUD insertion appointment on [Date] at [Time]. Here is some important information to prepare you for the procedure:

****What to Expect:****

- The procedure typically takes about [duration] minutes.
- You may experience some discomfort or cramping during and after the insertion.

****Preparation:****

- Please arrive [time] minutes early to complete any necessary paperwork.
- You may take over-the-counter pain relief (e.g., ibuprofen) prior to your appointment, as advised by our staff.

****After the Procedure:****

- You may experience mild cramping and spotting afterwards.
- It is advisable to avoid intercourse, tampons, and douching for at least [number] days.

****Follow-Up:****

- We recommend a follow-up appointment [specify timeframe] to ensure that the IUD is properly positioned.

If you have any questions or need to reschedule your appointment, please don't hesitate to contact us at [Phone Number] or [Email Address].

Thank you for choosing [Your Clinic Name]. We are here to support you!

Sincerely,

[Your Name]
[Your Title]
[Your Clinic Name]