

[Your Clinic/Practice Name]

[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 are writing to confirm your upcoming appointment for the placement of an Intrauterine Device (IUD).

**\*\*Appointment Details:\*\***

- **\*\*Date:\*\*** [Appointment Date]

- **\*\*Time:\*\*** [Appointment Time]

- **\*\*Location:\*\*** [Clinic/Practice Address]

Please arrive at least [number] minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, do not hesitate to contact us at [Phone Number] or [Email Address].

We look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]