

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

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

Thank you for visiting [Your Clinic Name] for your IUD placement. We hope that you found the experience comfortable and your concerns were addressed. Below are your aftercare instructions to ensure your recovery is smooth and to help you manage any potential side effects.

**\*\*Aftercare Instructions for IUD Placement\*\***

**1. \*\*Rest and Recovery:\*\***

- Take the rest of the day off to rest.
- Avoid strenuous activities and heavy lifting for at least 24 hours.

**2. \*\*Pain Management:\*\***

- You may experience cramping and discomfort. Use over-the-counter pain relief, such as ibuprofen or acetaminophen, as needed.

**3. \*\*Bleeding:\*\***

- Spotting or light bleeding is common for the first few days after placement. If bleeding becomes heavy or is accompanied by severe pain, please contact us.

**4. \*\*Activity Restrictions:\*\***

- Refrain from sexual intercourse, tampons, or douching for at least two weeks following the placement.

**5. \*\*Follow-up Appointment:\*\***

- Schedule a follow-up appointment in [insert time frame, e.g., "6 weeks"] to ensure the IUD is in place and check on your overall health.

**6. \*\*Signs to Watch For:\*\***

- Contact our office immediately if you experience:
  - Severe pain or cramping
  - Heavy bleeding (soaking through a pad in one hour)
  - Fever over 100.4degF
  - Unusual discharge or foul odor

If you have any questions or concerns, please do not hesitate to reach out to our office at [Phone Number]. We are here to support you.

Wishing you a smooth recovery,

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