

[Your Name]  
[Your Title]  
[Your Organization]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Recipient Organization]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: IUD Placement Referral

I hope this message finds you well. I am writing to refer [Patient's Name], a [Patient's Age] year-old [female/assigned female at birth] patient, for the placement of an intrauterine device (IUD) for contraception purposes.

**\*\*Patient Information:\*\***

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical History: [Briefly outline relevant medical history, including previous contraceptive methods, any contraindications, and the reason for IUD placement.]
- Current Medications: [List any current medications.]

**\*\*Reason for Referral:\*\***

[Explain the reason for the referral, including discussions about contraceptive options, the patient's choice of IUD, any relevant examinations, and the patient's consent for the procedure.]

Please feel free to reach out to me if you need any additional information or have questions regarding this referral.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title]

[Your Organization]