

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Provider's Name]  
[Provider's Office/Clinic Name]  
[Office Address]  
[City, State, Zip Code]

Dear [Provider's Name],

I hope this message finds you well. I am writing to follow up regarding my recent IUD placement on [Date of Placement].

I would like to confirm that I have been experiencing [briefly describe any symptoms, if applicable, or mention that you are feeling well].

Additionally, I have questions about [list any questions or concerns you have].

Thank you for your attention to this matter. I appreciate your care and support.

Sincerely,

[Your Name]

[Your Date of Birth] (if necessary for identification)