

[Your Name]  
[Your Title]  
[Your Clinic/Practice Name]  
[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 are pleased to assist you with the placement of your intrauterine device (IUD). Below you will find important instructions and information to help you prepare for your appointment.

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

- Date: [Insert Date]
- Time: [Insert Time]
- Location: [Insert Location/Room Number]

**\*\*Preparation Instructions:\*\***

**1. \*\*Prior to Your Appointment:\*\***

- Please ensure you have not had unprotected intercourse for at least [insert time frame].
- Consider taking an over-the-counter pain reliever (e.g., ibuprofen) about an hour before your appointment to help minimize discomfort.

**2. \*\*What to Expect:\*\***

- The IUD placement is a quick procedure, typically lasting about [insert duration].
- You may experience cramping or light bleeding during and after the procedure, which is normal.

**3. \*\*Post-Procedure Care:\*\***

- After the procedure, you may rest in our clinic for a short period.
- Avoid heavy lifting, vigorous exercise, and sexual intercourse for at least [insert period of time] following the placement.
- Monitor for any unusual symptoms such as severe pain, heavy bleeding, or fever.

**4. \*\*Follow-Up:\*\***

- A follow-up appointment is recommended in [insert time frame] to check the IUD placement and address any questions.

Please feel free to reach out with any questions or concerns before your appointment. We look forward to assisting you in your healthcare journey.

Sincerely,

[Your Name]  
[Your Title]  
[Your Clinic/Practice Name]