

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

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

Dear [Patient's Name],

Subject: Consent for Intrauterine Device (IUD) Insertion

I am writing to provide information regarding the insertion of an Intrauterine Device (IUD) and to seek your consent for the procedure.

I have discussed the following with you:

- **Procedure Description**: The IUD is a small, T-shaped device that is inserted into the uterus to prevent pregnancy.
- **Benefits**: The IUD is a highly effective form of birth control and can last for several years.
- **Risks**: As with any medical procedure, there are potential risks, which may include cramping, bleeding, infection, or expulsion of the device.
- **Alternatives**: You have been informed about other forms of contraception available, including hormonal methods, barrier methods, and natural family planning.

By signing this consent form, you acknowledge that you have read and understood the above information, had the opportunity to ask questions, and understand the risks and benefits associated with the insertion of an IUD.

Please indicate your consent by signing below.

[Patient's Signature]

[Date]

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]