

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We hope this letter finds you well. We are writing to confirm your appointment for the placement of an Intrauterine Device (IUD) on [Appointment Date] at [Appointment Time]. Your appointment will take place at [Clinic Name and Address].

Please arrive at least [X minutes] early to complete any necessary paperwork. If you have any questions or concerns prior to your appointment, feel free to contact our office at [Office Phone Number].

We look forward to seeing you soon.

Best regards,

[Your Name]

[Your Title]

[Clinic Name]

[Contact Information]