

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Doctor's Office Name]  
[Doctor's Office Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to confirm my appointment for the IUD insertion scheduled for [Date] at [Time]. I understand that the appointment will be held at [Location].

Please let me know if there are any preparations I need to complete prior to my visit. Thank you for your attention.

Sincerely,

[Your Name]  
[Your Date of Birth]