

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Healthcare Provider's Name]
[Healthcare Facility Name]
[Facility Address]
[City, State, ZIP Code]

Subject: Informed Consent for IUD Insertion

Dear [Healthcare Provider's Name],

I, [Your Name], am writing to provide my informed consent for the insertion of an intrauterine device (IUD). I understand that this procedure will provide long-term contraceptive protection and that it may involve certain risks and benefits.

I have been informed about the following:

1. The nature of the IUD and how it works.
2. The benefits of using an IUD for contraception.
3. The potential risks and side effects, including but not limited to cramping, irregular bleeding, and possible complications.
4. Alternatives to IUDs for contraception and their respective pros and cons.
5. The expected follow-up care and what to observe post-insertion.

I have had the opportunity to ask questions and discuss my medical history, and all my queries have been addressed to my satisfaction. I understand that participation in this procedure is voluntary and that I can withdraw my consent at any time.

By signing below, I confirm that I consent to the insertion of the IUD and understand the information provided.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Thank you,

[Your Name]