

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

Dear [Recipient's Name],

Subject: IUD Expiration Notification

I hope this message finds you well. I am writing to inform you that the intrauterine device (IUD) currently in place is approaching its expiration date. According to my records, the IUD is scheduled to expire on [Expiration Date].

I would like to schedule an appointment for an evaluation and to discuss the next steps regarding [removal/replacement]. Please let me know your available times, as I would like to address this matter promptly.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]