

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a follow-up appointment regarding my IUD placement. My last visit was on [insert date of last appointment], and I would like to discuss my current experience and any necessary follow-up care.

Please let me know your available times for an appointment. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]