

[Your Name]
[Your Title/Position]
[Your Organization/Clinic Name]
[Organization Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

Subject: Confirmation of IUD Placement

We are writing to confirm your recent IUD placement that took place on [Date of Placement] at [Location of Placement].

Details of the Procedure:

- Type of IUD: [Specify IUD type]
- Date of Placement: [Date]
- Healthcare Provider: [Provider's Name]
- Follow-Up Appointment: [Date and Time of Follow-Up]

It is important to follow the aftercare instructions provided during your visit. If you have any questions or experience any unusual symptoms, please do not hesitate to contact our office.

Thank you for choosing [Your Organization/Clinic Name] for your reproductive health needs.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Organization/Clinic Name]