

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request the removal of my intrauterine device (IUD). My details are as follows:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Type of IUD: [Specify the type of IUD if known]
- Insertion Date: [Date of IUD insertion]

I have been considering this decision for [briefly state reason, e.g., personal health reasons, change in family planning, etc.]. I would appreciate the opportunity to discuss the removal procedure at your earliest convenience and would be grateful if you could schedule an appointment for me.

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

Sincerely,
[Your Name]