

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Healthcare Provider's Name]
[Provider's Office/Clinic Name]
[Office Address]
[City, State, Zip Code]

Dear [Healthcare Provider's Name],
I hope this message finds you well. I am writing to discuss recent complications I have been experiencing with my IUD, which was inserted on [insert date].

Since the insertion, I have noticed [describe specific symptoms or complications, e.g., severe pain, excessive bleeding, unusual discharge]. These issues have caused me significant concern and discomfort.

I would appreciate your guidance on how to proceed. Should I schedule an appointment for an examination, or are there immediate steps I should take?

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]