

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

Dear [Healthcare Provider's Name],

I am writing to express my intent to undergo an IUD (intrauterine device) insertion. After discussing various contraceptive options and considering my personal health needs and lifestyle, I believe that an IUD would be a suitable choice for me.

I understand the benefits, risks, and procedures associated with IUD insertion, including the potential for side effects and the importance of follow-up care. I have reviewed the information provided regarding the different types of IUDs available, and I am inclined toward [specify type if applicable, e.g., hormonal or copper IUD].

I would like to schedule an appointment to discuss my decision further and to proceed with the insertion at your earliest convenience. Please let me know what steps I need to take prior to the appointment.

Thank you for your attention to my request. I look forward to your response.

Sincerely,
[Your Name]