

[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 letter finds you well. I am writing to express some concerns I have regarding the IUD I currently have, which was inserted on [insert date of insertion].

[Briefly describe your concerns, such as symptoms, side effects, or any specific issues you're experiencing.]

I would appreciate your guidance on this matter and would like to discuss possible options or next steps during my next appointment. Please let me know if there's any additional information you need from me in the meantime.

Thank you for your attention to my concerns. I look forward to hearing from you soon.

Sincerely,

[Your Name]