

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Doctor's Name]  
[Medical Practice/Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request the placement of an intrauterine device (IUD) as a form of birth control. After researching various contraceptive options and considering my health and lifestyle, I believe that an IUD would be a suitable choice for me.

I would like to schedule an appointment to discuss this option further and go over any necessary evaluations or considerations prior to the procedure. Please let me know your available dates and times.

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

Sincerely,  
[Your Name]