

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Medical Office/Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to inquire about the process for the removal of my IUD. I would like to schedule an appointment at your earliest convenience and would appreciate any information you can provide regarding the procedure and any necessary preparations.

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

Sincerely,
[Your Name]