

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

Dear [Healthcare Provider's Name],
I hope this message finds you well. I am writing to request the removal of my IUD, which was inserted on [insert date]. Please let me know the next steps to schedule the removal appointment at your earliest convenience.
Thank you for your assistance.
Sincerely,
[Your Name]