

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

Dear [Doctor's Name],

I am writing to confirm my appointment for the removal of my IUD. Below are the details of the appointment:

**\*\*Date:\*\*** [Appointment Date]

**\*\*Time:\*\*** [Appointment Time]

**\*\*Location:\*\*** [Clinic/Hospital Name and Address]

Please let me know if there are any specific instructions I need to follow prior to the appointment. Thank you for your assistance.

Sincerely,  
[Your Name]