

[Your Clinic Name]
[Your Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]
Dear [Patient's Name],

We hope this letter finds you well. Following your recent IUD removal, please review the care instructions below to ensure a smooth recovery.

****Post-Removal Care Instructions:****

1. ****Rest:****

- Take it easy for the rest of the day. Avoid heavy lifting and intense physical activity for the next 24 hours.

2. ****Pain Management:****

- You may experience some cramping or discomfort. Over-the-counter pain relievers such as ibuprofen or acetaminophen can be taken as directed on the packaging.

3. ****Bleeding:****

- Light spotting or bleeding is normal after removal. If you experience heavy bleeding (soaking through a pad in an hour), please contact us immediately.

4. ****Hygiene:****

- You may shower, but avoid baths, swimming, and douching for at least a week to reduce the risk of infection.

5. ****Sexual Activity:****

- You may resume sexual activity as soon as you feel comfortable, but consider using additional contraception if you do not wish to conceive right away.

6. ****Follow-up Care:****

- Schedule a follow-up appointment with us in [number] weeks to discuss any concerns or questions about your health post-removal.

7. ****When to Contact Us:****

- If you experience severe pain, fever, unusual vaginal discharge, or any other concerning symptoms, please reach out to our office right away at [phone number].

Thank you for trusting us with your care. Should you have any further questions, do not hesitate to contact us.

Wishing you a smooth recovery!

Sincerely,

[Your Name]
[Your Title]
[Your Clinic Name]