

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

Dear [Recipient's Name],

Subject: Notification of IUD Removal

I am writing to inform you of my decision regarding the removal of my intrauterine device (IUD). I would like to schedule an appointment for this procedure at your earliest convenience.

Please let me know available dates and times for the removal, as well as any preparations I may need to undertake prior to the appointment.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]