

[Your Clinic/Office 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],

Subject: IUD Removal Appointment Information

We are writing to confirm your appointment for the removal of your intrauterine device (IUD). Please find the details of your appointment below:

****Appointment Date:**** [Insert Date]

****Appointment Time:**** [Insert Time]

****Location:**** [Insert Clinic Name and Address]

****Instructions Prior to Your Appointment:****

- Please arrive 10-15 minutes early to complete any necessary paperwork.
- If you are experiencing any significant discomfort or have concerns, please contact us before your appointment.
- It is advisable to bring a support person with you if you feel it would make you more comfortable.

****What to Expect During the Appointment:****

- The procedure will typically take [Insert Duration] and should involve minimal discomfort.
- We will explain each step of the process and address any questions you may have.

If you need to reschedule your appointment or have any additional questions, please do not hesitate to contact us at [Insert Phone Number]. Thank you for choosing [Your Clinic/Office Name]. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Office Name]