

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

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request an appointment for the removal of my intrauterine device (IUD). I would like to arrange this procedure at your earliest convenience.

[Optional: Briefly mention any specific reasons for the IUD removal, such as health concerns, personal choice, etc.]

Please let me know the available dates and any necessary preparations I should make prior to the appointment. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,
[Your Name]