

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

[Recipient's Name]
[Recipient's Title/Position]
[Healthcare Facility/Practice Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm the details regarding the removal of my IUD (Intrauterine Device).

****Patient Details:****

- Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Patient ID/Medical Record Number: [Your Patient ID]

****IUD Details:****

- Type of IUD: [Specify type, e.g., Mirena, Paragard]
- Date of Insertion: [Date IUD was inserted]
- Date of Removal: [Confirmed date of removal]

****Procedure:****

The IUD removal procedure is scheduled for [insert date] at [insert time] at [insert location]. I understand that the procedure will be performed by [insert name of healthcare provider].

Please let me know if there are any additional preparations or information needed prior to my appointment.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]