

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

[Doctor's Name]
[Doctor's Office Name]
[Office Address]
[City, State, Zip Code]

Dear Dr. [Doctor's Last Name],
I hope this message finds you well. I am writing to request the removal of my intrauterine device (IUD).
Please let me know the available dates and times for the procedure. I appreciate your attention to this matter.
Thank you for your assistance.
Sincerely,
[Your Name]
[Your Date of Birth]