

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Healthcare Provider's Name]
[Clinic or Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Healthcare Provider's Name],

Subject: Request for IUD Removal Procedure

I hope this letter finds you well. I am writing to formally request the removal of my intrauterine device (IUD) which was inserted on [insert date of insertion]. My patient ID is [insert patient ID or relevant identification number].

I have been considering this decision for [mention any pertinent reasons or health concerns if applicable] and would like to schedule an appointment for the removal procedure at your earliest convenience. Please let me know if you need any further information or if there are specific pre-procedure instructions I should follow. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]