

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request an appointment for the removal of my intrauterine device (IUD).

My details are as follows:

- \*\*Patient Name:\*\* [Your Full Name]
- \*\*Date of Birth:\*\* [Your DOB]
- \*\*Current IUD Type:\*\* [Type of IUD]

Please let me know available time slots for the appointment. I appreciate your assistance in this matter.

Thank you!

Sincerely,

[Your Name]