

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title (if applicable)]
[Healthcare Provider's Name or Clinic]
[Address of the Clinic or Provider]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally notify you that I would like to proceed with the removal of my intrauterine device (IUD).

Please let me know the next steps in scheduling the appointment, and any preparations I should consider prior to the removal.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]