

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

Dear [Patient's Name],

Subject: Instructions for IUD Removal

We are writing to provide you with instructions regarding the removal of your Intrauterine Device (IUD). Please follow these steps to ensure a safe and efficient removal process:

1. ****Schedule an Appointment:**** Please contact our office at [Phone Number] to schedule a removal appointment. We recommend that you visit within [specific time frame].
2. ****Prepare for Your Appointment:****
 - Avoid sexual intercourse for [specify time] before your appointment.
 - If you have had any unusual symptoms (such as severe pain or unusual discharge), please inform us during your call.
3. ****What to Expect During the Procedure:****
 - The procedure will be performed in a private examination room.
 - You may experience slight discomfort during the removal process; however, this should be minimal.
 - We will have a greeting card or support person available should you need assistance.
4. ****Post-Removal Care:****
 - You may experience light bleeding or spotting after the removal, which is normal.
 - Use sanitary pads as needed, but avoid tampons for at least 24 hours.
 - Refrain from sexual intercourse for [specify time] to allow your body to adjust.
5. ****Follow-Up:****
 - If you experience severe pain, prolonged bleeding, or any other concerning symptoms after the removal, please contact us immediately.

We appreciate your trust in our care, and we are here to support you. If you have any further questions or need assistance, please do not hesitate to reach out.

Sincerely,

[Your Name]
[Your Title]
[Your Clinic/Hospital Name]