

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

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to formally request the removal of my intrauterine device (IUD) that was placed on [insert date of insertion].

Due to [briefly explain reason for removal, e.g., changes in personal health, desire for pregnancy, side effects, etc.], I believe it is in my best interest to have the IUD removed at your earliest convenience.

Please let me know what steps I need to take to schedule an appointment for the removal process. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,
[Your Name]