

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

Dear [Healthcare Provider's Name],  
I hope this letter finds you well.

I am writing to formally request the removal of my intrauterine device (IUD). My details are as follows:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- IUD Insertion Date: [Date of Insertion]

After careful consideration, I believe it is in my best interest to have the IUD removed. I kindly ask you to schedule an appointment for the procedure at your earliest convenience.

Please let me know if there are any forms or additional information you require prior to my appointment. Thank you for your attention to this matter.

Sincerely,  
[Your Name]