

[Your Practice Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We hope this letter finds you well. We are reaching out to schedule an appointment for your IUD removal. Please choose a convenient time from the following available slots:

- [Date and Time Option 1]

- [Date and Time Option 2]

- [Date and Time Option 3]

If none of these options work for you, please feel free to contact our office at [Phone Number] to discuss alternative times.

We look forward to assisting you with your IUD removal. Please do not hesitate to reach out if you have any questions or concerns.

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Contact Information]