

# Request for Hospital Stay Extension

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request an extension of my hospital stay at [Hospital Name] for further care coordination. My current discharge date is [Current Discharge Date] and I believe additional time is necessary to ensure a smooth transition and comprehensive discharge planning.

Due to [briefly explain the medical condition or situation that necessitates the extension, e.g. ongoing treatment, need for further evaluation, etc.], I feel that extending my stay would significantly benefit my health and recovery process.

I kindly ask that you consider this request and inform me at your earliest convenience regarding the possibility of extending my stay.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Patient ID]

[Your Contact Information]