

Request for Hospital Stay Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Doctor's Name]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to formally request an extension of my hospital stay for further observation. My current treatment plan has shown some progress, but I believe additional time under close medical supervision is necessary to ensure a safe recovery.

During my stay, I have experienced [briefly describe symptoms or concerns]. Given these factors, I hope to extend my observation period to allow for thorough evaluation and adjustment of my treatment if needed.

I kindly ask for your support in this request and to advise on the necessary steps to facilitate this extension. Thank you for your attention to this matter.

Sincerely,

[Your Name]