

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Hospital's Name]

[Hospital's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an extension of my hospital stay due to ongoing medical concerns related to my treatment.

My current admission is scheduled to conclude on [current discharge date], but after consulting with my healthcare team, it has been determined that an additional stay is necessary to ensure my recovery and manage my condition effectively.

I kindly ask that you consider this request and approve an extension of my stay until [proposed new discharge date]. Attached are the relevant medical documents supporting this request, including notes from my physician.

Thank you for your attention to this matter. I appreciate your understanding and support during this challenging time.

Sincerely,

[Your Name]

[Your Patient ID]