

Request for Hospital Stay Extension

Date: [Insert Date]

To: [Hospital Administrator's Name]

Hospital Name: [Insert Hospital Name]

Address: [Insert Hospital Address]

Dear [Hospital Administrator's Name],

I am writing to formally request an extension of my hospital stay due to ongoing treatment for [specific condition or illness]. My current discharge date is [insert current discharge date], but my healthcare team has advised that additional time will be necessary to ensure the effectiveness of my treatment plan.

My attending physician, Dr. [Physician's Name], has recommended that I remain under observation for further [examinations/tests/therapies] to monitor my progress and to facilitate a successful recovery. I am committed to following the medical advice I have received.

I kindly ask that you consider this request and approve the extension of my stay until [insert new proposed discharge date]. I greatly appreciate your attention to this matter and hope for a positive response.

Thank you for the support and care provided during my time here.

Sincerely,

[Your Full Name]

[Your Contact Information]

[Your Patient ID or Medical Record Number]