

# Request for Hospital Stay Extension

Date: \_\_\_\_\_

To: **[Hospital Administrator's Name]**

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Hospital Administrator's Name],

I hope this message finds you well. I am writing to formally request an extension of my hospital stay at [Hospital Name] for my ongoing treatment and recovery.

My name is [Patient Name], and I have been admitted since [Admission Date]. My current treatment plan is scheduled to conclude on [Original Discharge Date], but I believe that an extended stay would significantly enhance my comfort and overall recovery process.

Due to [specific reasons such as ongoing symptoms, need for further treatment, or emotional support], I kindly ask for your consideration in allowing me to remain in the hospital for an additional [number of days/weeks]. This extension would greatly assist in ensuring my well-being during this critical time.

Thank you for your attention to this matter. I appreciate your understanding and support, and I look forward to your positive response.

Sincerely,

[Patient Name]

[Contact Information]