

Request for Hospital Stay Extension

Date: [Insert Date]

To:

[Doctor's Name]

[Hospital Name]

[Hospital Address]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request an extension of my hospital stay following my recent surgery on [Insert Surgery Date].

Although I am making progress in my recovery, I believe that additional time in the hospital will greatly benefit my healing process. I have experienced [briefly describe any complications or ongoing issues], which has made it clear that extended care is necessary at this time.

I would greatly appreciate your assessment of my situation and guidance on the possibility of extending my stay until [Insert Desired Discharge Date]. Please let me know if there is any additional information you require to process this request.

Thank you for your attention to this matter. I am looking forward to your kind response.

Sincerely,

[Your Full Name]

[Patient ID or Medical Record Number]

[Your Contact Information]