

Request for Extension of Hospital Stay

Date: [Insert Date]

To Whom It May Concern,

I hope this message finds you well. I am writing to formally request an extension of my hospital stay at [Hospital Name] for rehabilitation purposes. My current discharge date is [Current Discharge Date], but after consultation with my healthcare team, it has been recommended that I remain in the hospital for an additional [number of days/weeks] in order to ensure a safe and effective rehabilitation process.

During my stay, I have made significant progress; however, further rehabilitation is essential for my recovery. My medical team, including [Doctor's Name and Title], believes that additional time here will greatly enhance my chances of full recovery and prevent potential setbacks.

I kindly ask for your consideration of this request for an extension of my stay and any necessary adjustments in my treatment plan to accommodate this need. I am eager to continue my rehabilitation here and appreciate your understanding of my situation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Patient ID]

[Your Contact Information]