

Hospital Stay Extension Request

Date: [Insert Date]

To,

The Hospital Administrator,
[Hospital Name]
[Hospital Address]
[City, State, Zip Code]

Subject: Request for Extension of Hospital Stay for Specialist Consultation

Dear [Hospital Administrator's Name],

I am writing to formally request an extension of my hospital stay at [Hospital Name] due to the need for further specialist consultation regarding my medical condition.

My name is [Your Name], and I have been admitted to [Ward/Room Number] since [Admission Date]. My attending physician, Dr. [Doctor's Name], has recommended additional evaluations by [Specialist's Name] to ensure an accurate diagnosis and appropriate treatment plan.

Given the complexity of my condition, I believe it is critical to have this further assessment before I can be discharged. I kindly request an extension of my stay until [Proposed New Discharge Date] to facilitate this consultation.

I appreciate your understanding and support regarding my health needs. Please let me know if any further information is required or if there are any forms I need to complete to process this request.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Contact Information]
[Your Patient ID or Medical Record Number]