

Objection to Hospital Stay Timeline

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally object to the proposed timeline for follow-up care evaluations related to my recent hospital stay. My admission occurred on [Admission Date], and I believe that a more timely evaluation is crucial for my ongoing recovery.

The current plan suggests follow-up evaluations occurring on [Current Timeline]. However, I am concerned that this timeline does not adequately address the urgency of my medical needs as discussed during my discharge.

I respectfully request a review of my care timeline and propose an earlier follow-up evaluation on [Proposed Date] to ensure my health is monitored effectively.

Thank you for considering my concerns, and I look forward to your prompt response.

Sincerely,

[Your Name]