

PROFORMA FOR EXTENSION OF STAY

1. Patient Registration Details

Claim ID		Admission Date	
Date of Issue of Referral		Department	
TUH Name		Place of Admission	ICU/HDU/G. Ward (Please specify)
Number of Extension or first time Extension			

2. Patient & Beneficiary Information

Name of Patient		Age	
Gender		Relationship with Beneficiary	
Beneficiary Name		Insurance No	

3. Vitals

BP		Whether intubated/NIV/HFNC etc	
RR		Glasgow Coma Scale(GCS)	
Temp			
SPO2			

4. Relevant Investigation result for Extension

Name of Investigation	Result	Report Attach

5. Relevant Blood parameters and Culture / Sensitivity result(If any) / Sepsis markers(If any)

Name of Investigation	Result	Report Attach

6. Treatment given till date (Including justification for use of high cost Medication)

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7. Reason of Seeking Extension (Must be given by treating consultant)

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8. Extension required for no of days	
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9. Patient condition after last extension

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10. Discharge Summary (If any)

Signature of treating consultant