PROFORMA FOR EXTENSION OF STAY

1. Patient Registration Details

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

2. Patient & Beneficiary Information

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

3. Vitals

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

4. Relevant Investigation result for Extension

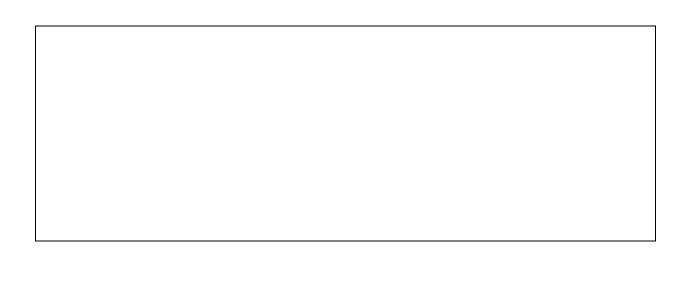
Name of Investigation	Result	Report Attach

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)
7.	Reason of Seeking Extension (Must be given by treating consultant)
8.	Extension required for no of days
9.	Patient condition after last extension

10. Discharge Summary (If any)



Signature of treating consultant