

Patient Data Reporting Extension Request

Note: OSHPD recommends use of the online function for users to request an extension.

Please print clearly

Fax Request to: (916) 327-1262

Attn: Patient Data Section

Date: _____

All available days will be granted. There are 14 extension days allowed for each report period for each data type.

1. Facility Name: _____

2. Facility Identification Number: _____

3. Street Address: _____

City, State, ZIP: _____

4. Data Type:

<input type="checkbox"/> Inpatient
<input type="checkbox"/> Emergency Department
<input type="checkbox"/> Ambulatory Surgery

5. Report Period Begin Date: _____

6. Report Period End Date: _____

7. Designated Agent (if applicable): _____

8. Person Requesting Extension (print): _____

9. Signature: _____

10. Title: _____

11. Phone: _____

12. Email: _____