

OSHDP Office of Statewide Health Planning and Development

Patient Data Section, Healthcare Information Division
400 R Street, Suite 270
Sacramento, California 95811-6213
(916) 326-3935 Fax (916) 327-1262
www.oshpd.ca.gov



**PATIENT DATA REPORTING
EXTENSION REQUEST**

Fax Request to: (916) 322-9555
Or (916) 327-1262
Attn: Patient Data Section

Date: _____

1. Facility Name: _____

2. Facility Identification Number: _____

3. Address: _____

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. Number of Extension Days Requested: _____

9. Person Requesting Extension (print): _____

10. Signature: _____

11. Title: _____

12. Phone: _____ E-mail: _____