

INTERPRETER REQUEST FORM

Agency/Company Name _____ Department/Program _____

Your Name _____ Today's Date _____

Your Telephone _____ Fax _____ E-mail (optional) _____

I prefer to receive confirmation of my scheduled interpreter by: Fax Email

Appointment Specifications

Language Needed _____ Preferred Interpreter (if any) _____

Appointment Date & Time ____/____/____ : ____ to ____ : ____

Appointment Location (please be very specific; attach directions if needed) _____

Name of the Non-/Limited-English Speaker (Mr.) (Ms.) _____

Patient number(s) _____

Additional notes _____

**Upon filling your request, we will fax this form back to you
with the interpreter details in the coversheet.**



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