



Interpreter Request Form

Clinic Information	
Clinic Name:	
Clinic Address:	
Phone Number:	
Request By:	Today's Date:
Patient Information	
Patient Name:	
Recipient ID #:	
Birth Date:	
Phone Number:	
Appointment Information	
Date, Time and Length:	
Name of provider patient will see:	
Language Requested:	
Is over the phone interpretation an option as last resort?	
Special Request:	
CDC Use Only	
Date Requested:	
Rep/Reference Number:	

* Please allow up to 2 business days to process all interpreter requests. To serve you in a timely manner for appointments within 2 business days contact member services at 503-585-5205 to place your request over the phone. For all other requests please fax to 503-581-0043.