

**\*\*PLEASE CHECK EMAIL FOR SPECIAL INSTRUCTIONS\*\***



**PASSPORT TO LANGUAGES**  
*your language is our passion*

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**INTERPRETATION FORM**

**Onsite**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Interpreter:** \_\_\_\_\_

**Appointment Number:** \_\_\_\_\_ **Language:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

First name

Last name

MRN

**Patient Phone Number:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Requester's Name and Phone Number:** \_\_\_\_\_

**Appointment Address:** \_\_\_\_\_

**Client:** \_\_\_\_\_

**Reminder Calls are Required!**

**PLEASE CHECK ONE BOX: "APPOINTMENT WAS"**

No Show-Patient     No Show Provider     Canceled-Same Day

Canceled-Other: \_\_\_\_\_

**To be completed by CLIENT(if Onsite) or by INTERPRETER (if indicated)**

Time in: \_\_\_:\_\_\_ AM/PM    Client Signature: \_\_\_\_\_

Time out: \_\_\_:\_\_\_ AM/PM    Client Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Total Time: \_\_\_ Hour(s) \_\_\_ Minute(s)\_\_\_

TRAVEL AND MILEAGE 'TO BE COMPLETED BY INTERPRETER

**TRAVEL AND MILEAGE**

Travel and Mileage is ***NOT APPROVED*** for this appointment.

DRIVE TIME TO CLINIC: \_\_\_\_\_ FROM CLINIC: \_\_\_\_\_

MILEAGE TO CLINIC: \_\_\_\_\_ FROM CLINIC: \_\_\_\_\_

**This form is due 7 days after the Appointment (due on or before: \_\_\_\_\_ )**  
**Please Upload form to Ptlworld.com or email to forms@passporttolanguages.com**