

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



PASSPORT TO LANGUAGES
your language is our passion

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INTERPRETATION FORM

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 Interpreter Signature: _____

Time out: ___:___ AM/PM Interpreter 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**