

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



PASSPORT TO LANGUAGES
your language is our passion

PASSPORTTO LANGUAGES INC.
6443 SW Beaverton-Hillsdale Hwy
Suite 390 -Portland, OR 97221
P 503-297-2707 o 1-800-297-2707
F 503-297-1703
E forms@passporttolanguages.com

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	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	
Start Address _____	
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 Ptiworld.com or email to forms@passporttolanguages.com