

Work Order Number \_\_\_\_\_

Interpreter(s) \_\_\_\_\_

Confirmed Date \_\_\_\_\_



Please return completed form via fax: **206-458-6005** or email to [info@InterpretThisInc.com](mailto:info@InterpretThisInc.com)

### Request for Interpreting Services

\* Indicates required field

\*Requestor's Name: \_\_\_\_\_ \*Today's Date \_\_\_\_\_

\*Company: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Email \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Confirmation Method: \_\_\_\_\_

\*Service Date \_\_\_\_\_ \*Starting Time: \_\_\_\_\_ \*Ending Time: \_\_\_\_\_

*Do you require the interpreter to arrive early to check in before the appointment? If so, please tell us what time. Please Note: **Billing will start at the time the interpreter is required to be on site.***

Check In Time: \_\_\_\_\_

\*Address of Appointment \_\_\_\_\_

\*Suite/Room/Floor/Building \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

Arrival Instructions (If Applicable) \_\_\_\_\_

On Site Contact: \_\_\_\_\_ Phone/Email \_\_\_\_\_

**\*Please tell us about your request.** We want to provide you with the best interpreter for the job; the more information you provide, the better. (All request submitted is kept strictly confidential; we are HIPAA compliant)

**\* Language Request?** \_\_\_\_\_

Specific Gender Requested? \_\_\_\_\_ Preferred Interpreter (s) \_\_\_\_\_

\* ASL request only

Name of Deaf/Deaf-Blind/Hard of Hearing Client(s) \_\_\_\_\_

***(Please include any special communication needs if known)***

\*Bill To \_\_\_\_\_ Attn \_\_\_\_\_ Phone \_\_\_\_\_

\*Address \_\_\_\_\_

Additional Invoicing Information (PO#, Provider 1, ect.) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_