

# INTERPRETER REQUEST FORM

FOR

## All Hands Interpreting Service, Inc.

809 E 102<sup>nd</sup> St

Bloomington, MN 55420

Email: [info@deafstuffnmore.com](mailto:info@deafstuffnmore.com)

Phone: 612-242-5122 Fax: 952-888-2532

48 HOUR NOTICE OF CANCELLATION REQUIRED-NOT INCLUDING  
WEEKENDS OR HOLIDAYS

Appt. Date \_\_\_\_\_ Appt. Time \_\_\_\_\_ End Time \_\_\_\_\_

Company name \_\_\_\_\_

Location \_\_\_\_\_

Name & phone number of requestor \_\_\_\_\_

Fax number to send confirmation to \_\_\_\_\_

Request for  Male  Female  Specific interpreter \_\_\_\_\_

Patient/Client Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_ Medical Record # \_\_\_\_\_

Provider/Dr. name \_\_\_\_\_

Room or Suite number/ Dept \_\_\_\_\_

Reason being seen/topic of interpretation \_\_\_\_\_

AHIS Interpreter name \_\_\_\_\_

Date confirmed \_\_\_\_\_