Passport to Languages Interpreter Request Form



- Please fax this form to 503-297-1703 **at least two working days** before the appointment to schedule interpreter services.
- For urgent requests (less than 48 hours notice), call Customer Service at 503-297-2707 or 800-297-2707.
- If you must cancel the interpreter, call 503-297-2707 at least 24 hours in advance.

anguage needed: Date of request:				
Member Information				
Last name:	First	name:	MI:	
Date of birth: (required)	Recipient ID#:	Phone#:		
Date of appointment:	Time:	How long?:		
Provider Information				
Provider name:				
Choose one: PCP Spe	ecialist Lab Other			
Provider address:				
Provider phone:	vider phone: Type of visit:			
Preferred gender of interpreter	r: Female Male No prefe	rence		
Requested by:	I	Phone#:		
Do you want confirmation that	Passport to Languages received this	s fax? Yes No		
Do you want email or fax confi	rmation of interpreter's name? Y	es No		
Email:		Fax#:		
INTERNAL OFFICE USE				
Passport to Languages staff na	me:	Exter	nsion:	
	Fax#:			
Name of interpreter:				
Additional info or comments:				