



International Language Bank Interpretation Request Form

You may log in to your portal
at <https://irco.org/ilb/>

Fax or Email the following
information to our offices.

Fax: (503) 233-4724
interpretation@ircoilb.org

Today's Date: _____

Your Organization /
Clinic Name: _____

Department Name: _____

Requesting Person: _____

Requestor's phone: _____

Email Address: _____

Contact person Name/Phone no.:
(if there is any issue at the appointment time)

Type of Service: On-Site Third Party Platform (Zoom, Google Meet, Facetime, ...)
(Check all that apply) ASL Simultaneous

Language(s) Needed: _____

Appointment Date: _____

Appointment Time: _____

Minimum Number of Hours Requested: _____

On-Site Appointment Location: _____

Patient's Full Name: _____

Patient's OHP No.: _____

Patient's DOB: _____

Type of Care: _____

Care Setting: _____

Interpreter to place reminder call night/day before appointment

Client's Phone Number: _____

Special Requests (if any): _____

Billing Information: _____

IRCO's International
Language Bank (ILB)
10301 NE Glisan
Street Portland,
Oregon 97220
Phone: 503-234-0068
Fax: 503-233-4724

ILB OFFICE USE ONLY

Confirmed Appointment On: _____

Confirmed By: _____

Interpreter's name: _____

Comments: _____