



Translation and Interpreting Services

# INTERPRETER REQUEST

CHECK APPROPRIATE CATEGORY:  Medical  Dental  Legal  Mental Health  Other  
 Labor & Industries\*, include claim # \_\_\_\_\_  Group/Meeting  Home Visit

\_\_\_\_/\_\_\_\_/\_\_\_\_ Mon Tue Wed Thu Fri Sat Sun  
APPOINTMENT DATE CIRCLE CORRESPONDING WEEKDAY CHECK-IN TIME ANTICIPATED LENGTH

CLIENT'S LAST NAME CLIENT'S FIRST NAME DATE OF BIRTH

CLIENT'S PHONE NUMBER(S) - *Not needed for Sign Language requests.*  Spanish  Russian  
You may contact a TDD/TTY user by calling Washington State Relay Service1- 800-388-6384 (or 711) CHECK BOX OR WRITE-IN LANGUAGE REQUIRED

NAME & TITLE OF SERVICE PROVIDER APPT TYPE (E.G. ULTRASOUND OR DEPOSITION)

NAME OF LOCATION DEPARTMENT OR PROGRAM NAME

APPOINTMENT ADDRESS

NOTE IF THE INTERPRETER SHOULD CHECK-IN WITH SOMEONE OR SOMEWHERE SPECIFIC, ETC.

NOTE IF YOU HAVE INTERPRETER/GENDER PREFERENCE OR ANY OTHER SPECIAL NEEDS, ETC.  
\*IF NO L&I CLAIM NUMBER AVAILABLE, PLEASE PROVIDE CLAIMANT'S SOCIAL SECURITY # AND DATE OF INJURY, OR IF THIS IS FOR A PRIVATE L&I CLAIM, PLEASE PROVIDER THE NAME AND ADDRESS OF THE CLAIMANT'S INSURER.

YOUR NAME YOUR PHONE NUMBER + EXTENSION FAX NUMBER

## ----- ADDITIONAL APPTS FOR SAME CLIENT/SAME LOCATION -----

\_\_\_\_/\_\_\_\_/\_\_\_\_ Mon Tue Wed Thu Fri Sat Sun  
APPOINTMENT DATE CIRCLE CORRESPONDING WEEKDAY CHECK-IN TIME ANTICIPATED LENGTH

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## CONFIRMED INTERPRETER:

(OUR STAFF WILL SCHEDULE THE INTERPRETER, WRITE THE NAME HERE, & FAX THIS BACK TO YOU)

*Thank-you, we appreciate your business! Please notify of us any changes ASAP.*

Phone: 360-755-9910 [schedule@langex.com](mailto:schedule@langex.com) Fax: 360-755-9919

*The Language Exchange, Inc.*