

INTERPRETER REQUEST FORM

Instructions

Please fax completed form to Language Bank: 603-410-6186
 1. Complete form a minimum of 48 hours prior to appointment
 2. If less than 48 hours fax form to 410-6186 and call for confirmation 603-410-6183 or cell 540-2760

Contact Information
To be completed by person requesting service

Date Request Made	Time Request Made	Person Requesting Service (full name please)
Telephone	Fax Number	E-Mail Address
Billing Name/Address		
Comment		

Appointment Information
To be completed by person requesting service

Client Name:	Language		
DOB:			
Date of Appointment (If recurring appt. please list all dates)	Male	Female	
Time of Appointment From:	To:	Adult	Child
Location of Appointment	Purpose of appointment:		
Provider	Department	Telephone	
Does Interpreter need to call client to confirm appointment <small>(If service recipient does not have phone please list alternate contact.)</small>	Yes	No	
If yes, the Interpreter should call client at telephone number:			

Language Bank Confirmation
To be completed by Language Bank Personnel

Fax to:	From:		
Confirmed	yes	no	
Date	Time	Name of interpreter	

LanguageBank
 261 Sheep Davis Road, Concord, NH 03301
 Info@thelanguagebank.org www.thelanguagebank.org
 Fax: 603-410-6186 Phone: 603-410-6183



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