



languagestudio

_____ Patient No-Show
_____ Conference Call

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Appointment Date: _____

Interpreters must submit completed worksheet *within 48 hours*

Appt. Time:	Arrival:	Departure:	Duration:
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<u>Patient Information</u>	<u>Job Information</u>
_____ (First) _____ (Last)	_____ (Clinic/ Home Care Name)
_____ Gender ___ Male ___ Female	_____ (Location)
_____ (Date of Birth)	_____ (Street Address)
_____ Patient Address: (Number , Street)	_____ (City, State) _____ (Zip Code)
_____ Patient Address:(City, State, Zip)	_____ (Telephone Number)
_____ (Home Telephone Number)	_____ (Physician/ Dentist/ Ref. Dr. / Other)
_____ (Insurance Policy # / Group Number)	<u>Complete and sign below for any patient no-show:</u> I certify that I called the patient to remind them of the appointment on _____ (date and time)
	_____ Interpreter Signature

Interpreter Name	Language
_____	_____

Personally performed interpreting service for the person listed above at the place, date, and time listed.

Signature of Interpreter

Notes: _____

Staff Signature _____ Date: ____/____/____
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