

# Confirmation of Medical Interpreter Services

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

City, State, Zip: [City, State, Zip]

Dear [Recipient Name],

This letter is to confirm the arrangement for medical interpreter services that you requested. Below are the details of the services that will be provided:

- **Date of Service:** [Insert Date]
- **Time of Service:** [Insert Time]
- **Location:** [Insert Location]
- **Language Requirement:** [Insert Language]
- **Duration of Service:** [Insert Duration]

If you have any questions or need further assistance, please do not hesitate to contact us at [Insert Contact Information]. We look forward to providing you with the necessary support.

Thank you for choosing our services.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]