Healthcare Interpreter Service Application

Date: [Insert Date]

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Admission Office/Healthcare Provider],

I am writing to formally request the provision of healthcare interpreter services for my upcoming hospital admission. As a patient who [insert reason for requiring an interpreter, such as limited English proficiency or deafness], I believe that having an interpreter will greatly enhance my understanding of the medical procedures, my treatment options, and overall communication with healthcare staff.

Details of my admission are as follows:

- **Patient Name:** [Your Name]
- **Patient ID/Chart Number:** [Your ID]
- **Date of Admission:** [Insert Date]
- **Scheduled Procedure:** [Description of Procedure]

Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I look forward to your confirmation of interpreter services for my upcoming admission.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]