

Healthcare Interpreter Service Request

Date: [Insert Date]

Recipient Name: [Interpreter Service Provider]

Provider Contact: [Contact Information]

Dear [Interpreter Service Provider],

I am writing to request interpreter services for an upcoming telehealth visit. Below are the details of the appointment:

- **Patient Name:** [Patient's Name]
- **Patient's Preferred Language:** [Language]
- **Date of Telehealth Visit:** [Visit Date]
- **Time of Telehealth Visit:** [Visit Time]
- **Provider Name:** [Healthcare Provider's Name]
- **Provider Contact:** [Provider's Contact Information]

Please confirm the availability of an interpreter for this visit. If you need further information, do not hesitate to contact me at [Your Contact Information].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]