

Healthcare Interpreter Service Request

Date: _____

To: [Healthcare Provider/Facility Name]

Address: [Healthcare Provider/Facility Address]

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

Dear [Provider's Name],

I am writing to request interpreter services for an upcoming patient consultation. The details are as follows:

Patient Name: [Patient's Name]

Patient ID: [Patient ID]

Date of Consultation: [Consultation Date]

Time of Consultation: [Consultation Time]

Language Required: [Language Needed]

It is essential for the patient to have an interpreter present to ensure clear communication and understanding during the consultation. Please confirm the availability of a qualified interpreter for the specified date and time.

Thank you for your prompt attention to this matter. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]