THE BRIDGE
WORLD LANGUAGE CENTER, INC.

Interpreter Fax Request Form

1. Please call 320-259-9239 or 800-835-6870 to request a Job Number
2. Complete this form and fax to 320-654-1698 or 952-400-3272

Job Number:	Today's Date:	Time of Fax:

Please print/type clearly.

Requestor Information

Contact Name:	Phone #:
Organization:	Fax #:
Address:	Cell/Mobile #:
City & State:	Zip Code:

Appointment Information

Service Type: (choose from drop down box) On-Site Interpreter	Language: (choose from drop down box) American Sign Language
Reason for Appointment:	Requested Interpreter Name:
Provider/Worker Name:	Preferred Interpreter Gender: ☐ Male ☐ Female
Appointment Date:	Special Instructions:
Scheduled Time: ☐ AM ☐ PM	
Requested Arrival Time: ☐ AM ☐ PM	
Expected End Time: ☐ AM ☐ PM	

LEP Patient/Client Information

First Name:	Address:
Middle Name (if any):	City/State:
Last Name:	Zip Code:
DOB: Gender: ☐ Male ☐ Female	Phone #:
Patient/Client Medical Record #:	Work Comp or Auto Insurance Name:
Insurance Name:	Work Comp or Auto Claim #:
Insurance Group #:	Adjuster's Name:
Insurance Member #:	Adjuster's Phone #:

Appointment Location Information

Service Location:	
Address:	
City & State:	Zip Code:
Department/Floor/Entrance:	Unit/Room #:
Phone #:	Fax #: