





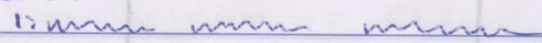
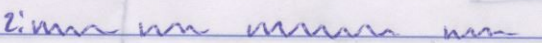
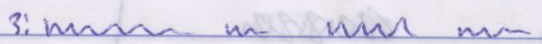

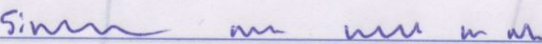
EMPTY:

BLACK JACK	
HIT	DEALER
STAY	
FOLD	
SPLIT	PLAYER
DOUBLE	
MONEY: \$100 BET: <input type="text" value="11"/>	

REGULAR:

BLACK JACK	
HIT	DEALER
STAY	 
FOLD	
SPLIT	PLAYER
DOUBLE	  
MONEY: \$1045 BET: <input type="text" value="1000"/>	

ERROR:

ERROR: INVALID MOVE	
Rules:	
1: 	
2: 	
3: 	
4: 	
5: 	

Job # 1125866

PASSPORT TO LANGUAGES

6443 SW Beaverton-Hillsdale Hwy. Suite 390
Portland, OR 97221
(503) 297-2707 Phone
(503) 297-1703 Fax

INTERPRETATION FORM

Interpreter **Natasha Anisimova**

Language **Russian**

Day of week (circle): (M) T. W. Th. F. Sat. Sun. Date: 2/29/16 Time: 1:30 am / (pm)

HEALTHCARE

WRITTEN TRANSLATION

LEGAL

BUSINESS

SCHOOL

Patient/Individual Name: Valentine Potapova
First Name(s) Last Name(s)

Patient Phone # (for medical only) 541 258 6389 AUTH / MRN: # _____

Reminder Calls are Required!

Time Made: 10:23am **Date Made: 2/29/16**

CLIENT: Samaritan Health Services

Address of Appointment: 191 N Main St Lebanon OR 97355

Contact Name: _____

Contact Phone #: 541 451 7940

Case # (legal only) _____ Room # (legal only) _____

Judge's Name: (legal only) _____

To be completed by client representative.

Time In: 1:20 am / (pm) Staff signature: Sandra Dennes

Explain if different from
request: _____

Time Out: 1:57 am / (pm) Staff signature: A Kleinschmidt

Please Print Name: _____ Date: _____

Total time: _____ Hour(s) _____ Minute(s)

Your service today was Excellent Good Fair Poor

Comments _____

Please fax daily to (503)297-1703 or e-mail to
forms@passporttolanguages.com.