



communique

INTERPRETING

Date interpreting needed: _____ Start Time: _____ am pm

End Time: _____ am pm

Check if on-going assignment: ☐ Start date: _____ End date: _____

Name of organization: OPEN DOOR COMMUNITY HEALTH CENTERS

Appointment location/Address: _____

Site phone number: _____ Contact Person: _____

Type of appointment: _____

(interview, staff meeting, medical, legal) please be as specific as possible

Please attach any information regarding the appointment such as: agenda, course outline, or handout, to be used for appointment.

Name of Deaf person(s) present at appointment: _____

Other key participants: _____

Preferred interpreters: _____

Driving directions: _____

Name of person requesting services: _____

Phone: _____ Fax: _____

Email: _____ Today's Date: _____

Medical record number: _____ Authorization/case number: _____
(if applicable) (if applicable)

Communique will call and confirm the interpreter with the requestor as soon as possible.

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www.CommuniqueInterpreting.com