

# LANGUAGE BANK



A member of Ascentria Care Alliance

340 Granite Street 3<sup>rd</sup> Floor, Manchester, NH 03102  
Tel: (603) 410-6183 | Fax: (603) 410-6186

## Service Verification Form

### Assignment

*To be completed by Language Bank Staff*

461007	
Date: 3/14/2020	Interpreter: Leigh, Sophie
Service Recipient (Client): RAMARADY	Language: Cambodian
Patient MR#: 65475941-4	Date of Appointment: 3/16/2020
Type of Appointment: Medical	Time of Service: 10:15:00 AM
Agency Requesting Service: Dartmouth Hitchcock Clinic Manchester - Neurology - NOTRE DAME	Requested Time: 10:15:00 AM - 12:15:00 PM <i>*appointment could be longer due to unforeseen situations</i>
Address for Interpretation: 87 McGregor Street, Suite 2200, Manchester, NH, 03102	Clinician:  Parents: Dany Pon
Adult or Child:      Gender: * Minor              Unknown	Reasons / Special Circumstances/Precautions:
Client Phone: 603-608-5262 Client Alter. Phone:  <i>*Do NOT leave DETAILED reminder call message on patient/client's voice mail or with any family members.</i>	Specific Request/Comments:

### Job Verification

*To be completed at time of service*

Notes: This clinic has perfume/fragrance free policy. PLEASE DO NOT USE ANY PERFUMES OR FRAGRANCES WHEN GOING TO THIS CLINIC		
Signature of Interpreter:		Date:
Assignment Start Time:		Assignment End Time:
Signature of Agency Representative Requesting Service:		Title:      Date:
<i>*This form contains information that must be protected and kept at secure place at all times. Please make sure that the form is kept at place that you only have access to. If verification forms are saved on your computer, please make sure you are the only person who has access to folder(s) where forms are saved. After you fax or emails us a copy of the form, please make sure to shred/delete the form</i>		