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To Be Completed By EIS Office

Person Requesting Appointment: _____ **Phone#** _____

Date Requested: _____ **Time Requested:** _____

To Be Completed By Interpreter:

Patient's Name: _____ **DOB:** _____

Date of Service: _____ **Time of Service:** _____

Time:

Arrival: _____ am/pm **Authorizing Name:** _____

Authorizing Signature: _____

Title: _____

Departure: _____ am/pm **Authorizing Name:** _____

Authorizing Signature: _____

Title: _____

Interpreter Name: _____

Interpreter Signature: _____

Comments: _____

*****This form must be signed by staff at the arrival and departure of each assignment***
*** Failure to do so may result in non-payment*****