



Kim Tong Translation Service, Inc.
Interpreter Request Form
2994 Rice Street, Little Canada, MN 55113
Phone #: (651-252-3200)
Fax #: (651-252-3214)

Requestor Information			
Contact Name:		Phone #:	
Organization:		Fax #:	
Address:		Cellular #:	
City:		Zip Code:	

Appointment Information			
Service Type:		Language: (Choose from drop down box)	
Appointment Date:		Requested Interpreter Name:	
Scheduled Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Requested arrival time:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Expected end time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Preferred Interpreter Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Special Instructions:			

Client Information			
First Name:		Address:	
Middle Name:		City:	
Last Name:		Zip Code:	
DOB:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone #:
Insurance Name:		Client's Service Location Medical Record #:	
Insurance Group #:			
Insurance Member #:		PMI #:	

Location Information			
Service Location:			
Address:			
City:		Zip Code:	
Department:		Unit-Room #:	
Phone #:		Fax #:	