



DIRECT ACCESS INTERPRETING SERVICES, Inc.
"For Quality Interpreting and Translation Services"

Cancellation Form

Contact Name: _____

Company: _____ **Dept:** _____

Phone: _____ **Fax:** _____

Appointment Information

Client/Patient Name: _____

File/Medical Record Number: _____ **DOB:** _____

Language: _____

Date: _____ **Time:** _____

Location (please be specific): _____

Interpreter Name (If known): _____

Comments:

Please note: Upon receipt of your Cancellation Form, Direct Access will stamp it "received" and fax it back. If you would like to reschedule, please fax a new request with the full information included.

For Direct Access Use Only

Cancellation taken by: _____ **Date/Time:** _____

Interpreter cancelled by: _____ **Date/Time:** _____

Voice Mail ___ **Telephone** ___ **In person** ___

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