



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

# Interpreter Request Form

## Fax Requests to 651-644-5171

Interpreter request made by: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Language requested: \_\_\_\_\_ Date of request: \_\_\_\_\_

Patient/Client Name: \_\_\_\_\_

Medical record/ File Number: \_\_\_\_\_

Date of the appointment: \_\_\_\_\_ Time o Appointment: \_\_\_\_\_

Interpreter Preference: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Department Telephone number: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Comments: \_\_\_\_\_

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Bill to: \_\_\_\_\_

Billing address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

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*Section below is For Internal Use Only by Direct Access Interpreting Services, Inc.*

Assigned Interpreter \_\_\_\_\_ Interpreter ID \_\_\_\_\_

Assigned by \_\_\_\_\_ Date Assigned \_\_\_\_\_

**Confidentiality Notice:** This is confidential information. If you are not the intended recipient, we hereby notify you that any disclosure, copying, distribution or taking any action in reliance to the content of this information is absolutely prohibited. Should you receive this fax in error please notify DAISI as soon as possible. Any cost incurred in returning such document will be reimbursed fully by DAISI.

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[WWW.DIRECT-AISI.COM](http://WWW.DIRECT-AISI.COM)

All legal fees/collection costs attributed to the collection of past due invoices over 30 days will be added to the total of the invoice.  
All invoices must be paid within 30 days of receipt.