

**Cross Cultural Communications, Inc.**  
P.O. Box 2166 ~ Sumner, WA 98093

<b>Fax Request To:</b> <b>(253) 447-2041</b>
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**Phone:** (253) 447-2000  
**Toll Free:** (800) 893-5258  
**Cell:** (253) 227-2713

**Interpreter Request Form**

<b>Date Requested</b>
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<b>Agency Name</b>		<b>Requestor Name</b>		<b>Requestor Phone</b>		<b>Requestor Fax</b>	
<b>Patient First Name</b>		<b>Last Name</b>		<b>Patient Phone</b>		<b>Date of Birth</b> / /	<b>L&amp;I #</b>
<b>Department</b>		<b>Cost Center</b>		<b>Appointment Address</b>			
<b>Physician Name</b>		<b>Date</b> / /	<b>Start Time</b>		<b>Check-In Time</b>		<b>Length of Appointment</b>
<b>Language</b>	<b>Interpreter Gender</b> Male _____ Female _____ N/A _____			<b>Comments</b>			