

# UPSTATE

## MEDICAL UNIVERSITY

Interpreter Services  
Interpreter Line: (315) 464-1454

### REQUEST INTERPRETER VENDOR (Use for Live Interpreters)

Name of Patient: \_\_\_\_\_ MRN#: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Time Requested: \_\_\_\_\_ Length of Appt: \_\_\_\_\_

Language: \_\_\_\_\_ Agency Name: Empire Interpreting Service

Scheduled Interpreter Name: \_\_\_\_\_

Location/Department (Please Circle):

UHCC      Downtown Campus      Community Campus      550 Harrison

Floor/Location: \_\_\_\_\_

Other Location: \_\_\_\_\_ Dept Phone #: \_\_\_\_\_

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### VERIFICATION OF SERVICES PROVIDED

Date(s) of Service: \_\_\_\_\_ Interpreter (Full Name): \_\_\_\_\_

Arrival Time: \_\_\_\_\_ AM/PM      Departure Time: \_\_\_\_\_ AM/PM

Department Staff Name Print: \_\_\_\_\_ Date: \_\_\_\_\_

Department Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Please circle what applies:

CANCELED	PT NO SHOW	SCHEDULED
LATE CANCEL	LATE ARRIVAL	EXTENDED TIME