



100 N 72nd Ave #227
Wausau WI 54401
24 Hr Toll Free: 877.255.8726

Office Hours: 7:00am to 7:00pm
Please Fax to 877-239-8039

Interpreter Request Form – Wausau WI

Person Requesting _____ Department _____

Phone: _____ Fax: _____ Email: _____

Preferred method of confirmation: Phone Fax Email

Language Requested: _____

Site Information:

Appointment Date: _____ Appointment Time: _____ am/pm Duration: _____

Appointment Type: Face-to-Face Telephonic Home Visit

Site Name: _____ Site Department/Branch: _____

Address: _____ City _____ Zip: _____

Client Information (optional):

Name: _____ DOB: _____

Gender: Female ___ Male ___ Case #: _____

Phone: _____

Assigned Interpreter: _____
(Please print clearly, first & last name)

Arrival Time: _____ am/pm Departure Time: _____ am/pm

Comments: _____

Verification/confirmation with client done: Yes ___ No ___

Clinic Staff Signature: _____ Date _____

