



Community Health, Inc.

Interpreter Request Form
Passport to Languages

Oregon Health Plan

ODS/OHP CSR

Today's Date

Appointment Information

Language

Appointment Date

Day of Week (please circle) MON TUES WED THURS FRI SAT / Time

Appointment length (total)

Dentist/Facility

Dentist/Facility Street Address

City/State

Zip Code

Dentist/Facility office phone

Dentist/Facility contact person

Interpreter preference

Patient Name

Recipient ID #

Appointment to include (family members, recipient ID#)

Patient phone

Service to be rendered (brief)

Special Request

Interpreter confirmed

Date confirmed

Name of Interpreter

ODS Community Health, Inc.

503.243.2987

1.800.342.0526

Fax 541.962.2171

OHP 01/2006

