

**INTERPRETATION CONFIRMATION FORM**

Date of Interpretation: \_\_\_\_\_

Start time: \_\_\_\_\_

End time: \_\_\_\_\_

Injured Worker Name: \_\_\_\_\_

Attending Interpreters Name: \_\_\_\_\_

Attending Doctor Name: \_\_\_\_\_

I, \_\_\_\_\_ do not speak English proficiently,  
(Patient's name)  
and have requested Statewide Interpreters Corp to provide interpretation services for the  
appointment above. I am signing this document under penalty of perjury.

\_\_\_\_\_  
Patient's Signature

Doctor's office Stamp

Please fax back to 415.226-0551 or email this to [Info@statewideinterpreters.com](mailto:Info@statewideinterpreters.com)