

## Request/Refusal Form for Interpreting Services

Patient Name: \_\_\_\_\_

Patient/Parent's Name: \_\_\_\_\_

I understand my right to receive interpreting services free of charge, and acknowledge that I was offered access to these services. Dental office staff also explained that using minors, friends and/or a person that has not been trained as an interpreter is not advisable.

Please check an option below:

\_\_\_\_\_ I request interpreting services. Language: \_\_\_\_\_

\_\_\_\_\_ I do not need an interpreter. I am able to speak to the dentist in English.

\_\_\_\_\_ I will use a family member or friend to interpret.

\_\_\_\_\_ I will rely on office staff to interpret.

Please list special requests here:

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\_\_\_\_\_  
Patient Signature (If over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

Member ID#: \_\_\_\_\_

Witness:  
Staff Name & Title: \_\_\_\_\_