



# E-Z Translation Services Inc.

627 Meigs St Rochester, NY 14620

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www.e-ztranslation.com

## Translation Request Form:

Clinic Name: \_\_\_\_\_

Language: \_\_\_\_\_

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

Hours Needed: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Location of Appointment: \_\_\_\_\_

Contact: \_\_\_\_\_

### Terms:

-Interpretation services are billed at 1-hour minimum. After the requested time, billing will be in ½ hour increments.

-Cancellations must be made before one business day (more than 24 hrs) notice to avoid charges.

(Office Use Only) Time Interpreting / Hr \_\_\_\_\_

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