



INTERPRETER WORKSHEET

for Hennepin County Medical Center cases **ONLY!**

MAIL, FAX OR EMAIL WITHIN 24 HOURS!

Appointment Date ____/____/____

Scheduled Hours:

Arrival Time:

_____ am/pm

Departure Time:

_____ am/pm

Client/Patient Information

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Medical Record # _____ / _____ Pt came/no show _____

Assignment Information

HENNEPIN COUNTY MEDICAL CENTER

Clinic/Hospital/Home Care/Agency/Business _____

ISD _____

Department/Location _____

716 S 7TH ST MINNEAPOLIS, MN

Street Address _____

PURPLE 1 SOCIAL SERVICES

ISD BACKLINE: 612-873-5751

DRIVING DIRECTIONS: 612-873-9800

Interpreter Signature _____ Interpreter Full Name (PLEASE PRINT) _____

Date _____ Language _____

Comments: _____

Provider/Staff Signature: _____ **Date:** _____

Garden & Associates, Inc. 4301 Highway 7, Suite 140, St Louis Park, MN 55416
 Phone: 952-920-6160 Toll Free: 877-859-8800 Fax: 952-920-6161 Email: billing@gardentranslation.com

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