



### Interpreter Worksheet

Interpreter must submit completed worksheet *WITHIN 48 HOURS*  
Please fax worksheet to 1-800-930-2393 or email to [timecard@excelinterpreting.com](mailto:timecard@excelinterpreting.com)

**INTERPRETER**

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Interpreter Name: \_\_\_\_\_ Language: \_\_\_\_\_

**PATIENT**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**MUST BE SIGNED** by Medical Provider/ Authorized Staff:

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Time Start: \_\_\_\_\_ Time Finish: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Provider requests Interpreter stay until post op \_\_\_\_\_ Otherwise complete section below:  
(Initial)

**POST OP:**

Time Start: \_\_\_\_\_ Time Finish: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_