



## ODS Community Dental Interpreter Request Form Passport to Languages

Oregon Health Plan - Dental
Today's Date:
Appointment Date:
Appointment Start Time:
Appointment Length (total):
Language:
Interpreter Preference (if applicable):
Recipient ID:
Patient Name:
Patient Date of Birth:
Patient Phone Number:
Other Patients included in Appt (name, recipient ID, date of birth):
Video interpreter:
On-site interpreter:
If on-site interpreter is not available is a phone interpreter an option:
Provider/Facility Name:
Street Address:
City, State and Zip:
Phone Number:
Fax Number:
Contact Person:
Special Requests:

**ODS Community Dental**  
**800-342-0526 Fax 503.952.5259**

Interpreters are scheduled based on availability. For best availability please request interpreters by fax or phone call to Dental Customer Service no less than 48 hours prior to the appointment.