



Oregon Dental Service

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):
Provider/Facility Name:
Street Address:
City, State and Zip:
Phone Number:
Fax Number:
Contact Person:
Special Requests:

Oregon Dental Service

800.342.0526

503.243.2987

Fax 503.765.3297

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.