



Interpreter Request Form

Today's Date:		Facility Making Request:	
Requester's Name:		Department Making Request:	
Requester's E-mail		Requester's Phone:	Requester's Fax:
Name of Limited English Patient/Client:		Appointment Date:	Start Time: (Please state a.m. or p.m.)
Patient/Client Phone Number:	Language:	Expected Appointment Duration	
Location of appointment:			
Special message/instructions for patient/client:			
Purpose of appointment:			
Signature of authorizing agent at requesting facility:		Authorization number <i>(if required by facility)</i>	
Name of interpreter (confirmation of interpreter will be faxed/e-mailed back to requesting facility):			
Are you an authorized user of the NYS Vendor List? _____ If yes, please include purchase order number if you have one:			
<i>If this is an emergency, please call the MAMI office rather than fax or e-mail a request.</i>			
<i>Please note that the MAMI interpreter will request that the facility sign a contact sheet once the appointment is completed. Please verify and register the time of completion of service on the contact sheet.</i>			

Multicultural Association of Medical/Legal Interpreters

MAMI INTERPRETERS

Toll-Free Number: 1-855-818-6264 (1-855-818-MAMI)

E-mail: info@MAMIinterpreters.org

Albany Office
 10 N. Main Avenue
 Albany, NY 12203
 518-426-1626
 Fax: 518-432-3619

Utica Office
 287 Genesee St., Ste. 101
 Utica, NY 13501
 315-732-2271
 Fax: 315-732-2360

Syracuse Office
 731 James St., Ste. 315
 Syracuse, NY 13203
 315-214-5003
 Fax: 315-218-5288