de l'Epée Deaf Center Inc.

Interpreter Request Form

Please copy this form and retain original for future needs:

RETURN THS FORM TO: Email: deafcenter1450@gmail.com or Fax: 228.897.2462

Today's Date:_____

Requesting Agency: Memorial Hospital at Gulfport

For the Month of: _____ On Going Appointments

Appointment Date: _____ **Time of Service:** _____ **Expected Duration:** _____

Appointment Date: _____ **Time of Service:** _____ **Expected Duration:** _____

Appointment Date: _____ **Time of Service:** _____ **Expected Duration:** _____

Appointment Date: _____ **Time of Service:** _____ **Expected Duration:** _____

Appointment Date: _____ **Time of Service:** _____ **Expected Duration:** _____

Appointment Date: _____ **Time of Service:** _____ **Expected Duration:** _____

Appointment Date: _____ **Time of Service:** _____ **Expected Duration:** _____

LOCATION (Where Interpreter will provide services):

Clinic Name : _____ **Office Phone Number:** _____

Clinic Address:_____ **Office Email:**_____

_____ **Office Fax:** _____

Doctor Name:_____ **Office Personnel:**_____

Purpose for Appointment:_____ **Deaf Patients Name:** _____

_____

Other Important Information: _____

_____

Authorizing Signature:_____

All Requests MUST have a Signature (Questions? Call 228-897-2280)

****

Mississippi Senate Bill 2794, July 1, 2005 SS02/R907: No person shall provide interpreting services for consumers who are deaf or hard of hearing for a fee or other remuneration unless the person is registered with the registering authority.

de l'Epee Deaf Center is a Not for Profit 501 C3 organization. We are dependent on prompt payment for services and contributions. Please help us continue to provide for the Deaf and Hard of Hearing by supporting our mission.

Revised: August 15, 2025