

# TLC Sign Language Services, LLC

RID Certified NIC, NAD, Ed:K12 ~ State SSA-I ~ Licensed and Insured

"Bridging the communication gap between Deaf/hard-of-hearing and hearing consumers"

## **SERVICE REQUEST FORM**

(Please call or email ahead to check availability, then confirm with this form within 24 hours)

### **APPOINTMENT LOCATION DETAILS:**

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**Appointment Date:**

**Start Time:**

**End Time:**

**Facility Name:**

**Address:**

**Onsite Contact Person:**

**Phone:**

**Email Address to receive Interpreter confirmation:**

**Patient/Client(s) Name:**

**Doctor/Provider Name:**

**Reason for appointment (symptoms, testing, etc.):**

### **BILLING DETAILS:**

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**Today's Date:**

**PO/ID #**

**Agency Name (If different than above):**

**Address:**

**Requestor Name (If different than contact above):**

**Phone:**

**Email:**

**Additional Information:**

Please send completed form via EMAIL (preferred) or FAX to Tina L Cook:  
**tlcsignlanguage@yahoo.com ~ 530-605-1607 (fax)**  
**530-604-4782 (cell) ~ www.tlcsignlanguage.com**