

THE TRANSLATION & INTERPRETING CENTER

FOLLOW-UP REQUESTS

This form **must be completed** for all follow-up appointments and submitted to the TI Center as soon as possible after the appointment.

Name of Interpreter: _____

DATE OF FOLLOW-UP	
TIME OF FOLLOW-UP	
REQUESTOR'S NAME	
ORGANIZATION NAME	
REQUESTOR'S PHONE NUMBER	
ADDRESS OF FOLLOW-UP	
CLIENT/PATIENT/DEFENDANT'S NAME	
CASE NUMBER/CLAIM NUMBER	
WILL YOU PERFORM THE FOLLOW-UP?	

Return To:

The Translation & Interpreting Center
P.O. Box 18975 Denver, CO 80218
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Fax: 303-996-0974
Email: lguzman@ticenterdenver.com