



## HEDINGHAM MEDICAL CENTRE

### Interpreter request form

Please fill in the information below if you would like us to use an interpreter when we contact you

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Main spoken language: \_\_\_\_\_

Interpreter needed: Yes  No

Today's date: \_\_\_\_\_

Signature: \_\_\_\_\_

Hand this in at reception, or email it to:

[admin.hedmed@nhs.net](mailto:admin.hedmed@nhs.net)