UNIVERSITY OF VIRGINIA HEALTH SYSTEM

1300003

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

UVA INTERPRETER SERVICES REFUSAL

I understand that an interpreter is available to me free of charge.
I do not wish to use an interpreter.

Patient or Legally Authorized Representative _____

Printed Name _____

Relationship to Patient _____

Date _____ Time _____

Reviewed by _____

Printed Name _____

Title/PIC _____

Date _____ Time _____

INTERPRETER ATTESTATION (when applicable)

Interpretation has been provided by

SIGNATURE OF INTERPRETER	CYRACOM ID#	DATE	TIME

PRINTED NAME