



Exhibit B

Interpreter Schedule

Established for: _____
(Patient/Companion Name)

Patient Name: _____

Location (Room/Bed): _____

Date	Times that Interpreter Will be Provided

Included in this schedule are the planned times when you have requested an on-site interpreter.

I, _____, have approved the Interpreter Schedule above and have no objection to it. I am aware that I can modify this Schedule by contacting _____. I have been provided a copy of this Schedule.

Signature

Date & Time