



**NEW
LOOK
DENTAL**

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Language Assistance Refusal Form

Dental Office Name: _____

Patient Name: _____

Patient's Primary Language: _____

Please Check One:

I can read, write and understand English. I do not require interpretive services.

I prefer to use interpretive services provided by (check one):

_____Dental office staff

_____Family or friend

I am requesting interpretive services to be provided by and Interpretive Services Company.

Preferred Languages(s): _____

Does not apply

Please explain: _____

The treatment plan, treatment options, risks, benefits, prognosis, alternate treatment options, risks of delaying or no treatment and financial obligations were explained to me in my primary language of _____

This form was explained to me in my primary language by: _____

(Name of Interpreter)

Patient Name

Date