

Send translation request form and translation material to [zsfg.translations@sfdph.org](mailto:zsfg.translations@sfdph.org)

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## ZSFG TRANSLATION REQUEST FORM

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**Request Date:**

**Requester's Name:**

**Department:**

**Requester's Email:**

**Project Name:**

**Type of Document:**

- Patient Education       Patient Letter       Form  
 Medical Record       Promotion Material       Other:

**Translated into the following languages:**

- Chinese       English       Russian       Spanish  
 Tagalog       Vietnamese       Other

**Delivery Options:**       Standard (3-7 days)  
    Expedited (1-2 days)      **Reason:**

*Please note depending on the complexity of translation request, turnaround time varies between 3-7 days. Expedited delivery requests will be reviewed based on impact of patient care (i.e. patient grievance letter or medical record). Requester will be contacted if approved.*

**Additional Information:** Please provide special instructions or attach additional information if necessary.

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***DET use only***

*Date submitted:  
Invoice #:*

*Vendor:  
Final Cost:*

*Estimated Cost:*

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