

Advance Oral and Maxillofacial Surgery
Diplomate of the American Board of Oral and Maxillofacial Surgery

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Translator's Statement and Agreement

In acting as a translator for _____ (Name of Patient) and Dr. Steven A. Saxe, D.M.D., I understand that I must translate everything that is said by both the patient and the doctor exactly as it is spoken, so that the care and/or treatment given is right for _____ (Name of Patient). I further understand that all information about the patient's care and treatment is very private and I agree that I will not tell anyone anything that I learned in translating this information without the patient's permission to do so.

Translator's signature

Date

Printed name of translator