



## Authorization for Treatment Form

Patient Name: \_\_\_\_\_ SSN or DOB: \_\_\_\_\_

**Employer: City of Bangor**

**Department: City Hall**

### Work Related:

Injury                      Date of Occurrence: \_\_\_\_\_

### Post-Offer, Pre-employment Physical:

- Airport Environmental and Safety Specialist
- Maintenance Supervisor
- Printshop Production Technician
- Risk and Safety Manager

Other services/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

**Have patient hand carry authorization form to the Bangor Concentra being accessed or**

**Email to: [bangorclinic@concentra.com](mailto:bangorclinic@concentra.com)**

**No appointment necessary. Patient must present photo ID at time of service.**

Bangor Concentra  
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(Off Stillwater Ave. Behind Chili's)  
Bangor, ME 04401