



## Authorization for Treatment Form

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

**Employer: City of Bangor**

**Department: Fleet Services**

### **Work Related:**

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

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

- Automotive Maintenance Mechanic
- Automotive Painter
- Automotive Technician II
- Fleet Services Custodian
- Stores Clerk

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  
34 Gilman Rd  
(Off Stillwater Ave. Behind Chili's)  
Bangor, ME 04401