



Authorization for Treatment Form

Patient Name: _____ SSN or DOB: _____

Employer: City of Bangor

Department: Parks & Recreation

Work Related:

Injury Date of Occurrence: _____

Post-Offer, Pre-employment Physical:

- Golf Course Assist Maintenance Supervisor
- Golf Course Maintenance Supervisor
- Golf Course Maintenance Worker
- Parks & Rec Custodian
- Parks & Rec Equipment Operator
- Parks & Rec Maintenance Mechanic
- Parks & Rec Maintenance Worker I
- Parks & Rec Maintenance Worker – P&R
- Parks & Rec Park Ranger – FT/PT

Other services/Comments _____

Authorized by: _____ Date: _____

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