



Authorization for Treatment Form

Patient Name: _____ SSN or DOB: _____

Employer: City of Bangor

Department: Police Department

Work Related:

Injury Date of Occurrence: _____

Post-Offer, Pre-employment Physical:

- | | |
|--|---|
| <input type="checkbox"/> Administrative Assistant/Data Analyst | <input type="checkbox"/> Patrol Officer |
| <input type="checkbox"/> Administrative Clerk | <input type="checkbox"/> Property Room Manager |
| <input type="checkbox"/> Animal Control Officer | <input type="checkbox"/> Public Safety Dispatcher |
| <input type="checkbox"/> Community Response Specialist | <input type="checkbox"/> Service Utility Worker |
| <input type="checkbox"/> Maintenance Worker | |

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