



Authorization for Treatment Form

Patient Name: _____ SSN or DOB: _____

Employer: City of Bangor

Department: Water Quality

Work Related:

Injury Date of Occurrence: _____

Post-Offer, Pre-employment Physical:

- Collection System Technician
- Custodial - Laborer
- Laboratory Director & Compost Facility Manager
- Master Electrician & Instrumentation Technician
- Mechanical Operator

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