

New Patient Referral Form

Fax completed form to 915.703.6132
or secure email to radreferral@rgu.us.com



RIO GRANDE
Radiation Medicine

Scheduler - 915.225.2047

Today's Date: _____

Referring Provider Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Contact Phone #: _____ Fax #: _____

Patient has been notified they are being referred to Rio Grande Cancer Specialists? Yes: _____ No: _____

Patient Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: F _____ M _____ Date of Birth: _____ Preferred Patient Phone #: _____

Contact Person if not patient: _____ Relationship: _____ Phone #: _____

Name of Insurance: _____

Referral Information

Diagnosis/reason for referral: _____

Please select which site your patient can be seen:

West Location
Rio Grande Cancer Specialists
7420 Remcon Cr. Bldg A
El Paso, TX 79912
915.581.6702

East Location
Rio Grande Cancer Specialists
1400 George Dieter Ste 170
El Paso, TX 79936
915.581.6702
