



**NORTH  
YORK  
GENERAL**

General Site  
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If you have any questions about your test or the scheduling of your appointment please **complete the form below and click on the submit button below.**

**Patient Name:**

**Contact Number:**

**Appointment Date and Time:**

**Inquiry related to: (please identify reason for inquiry):**

Request to reschedule:

Request to cancel:

Clarification about preparation:

Clarification about location:

**All other concerns:**