



**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: