







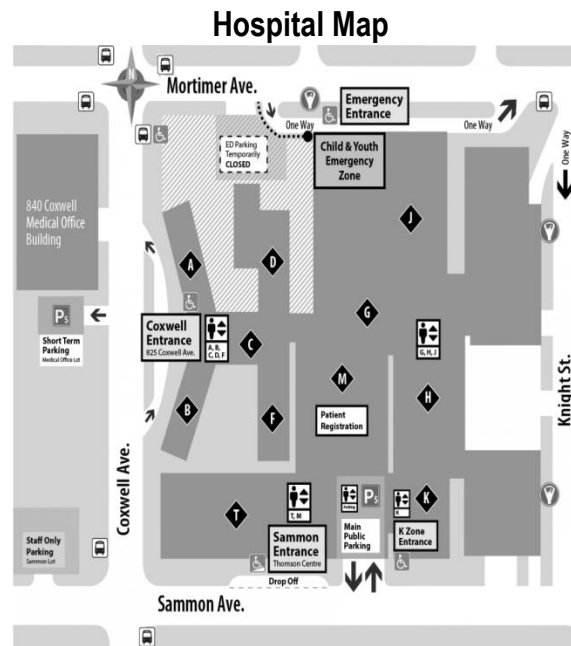


**Thank you for choosing
Michael Garron Hospital**

(Formerly Toronto East General Hospital)

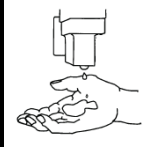
	Please bring this form and your health card with you. Also, please arrive 15 minutes before your appointment.
	Please bring any laboratory tests and a list of your medications.
	For <u>Diabetes Clinic</u> , please bring your Blood Glucose meter and insulin pens.
	For <u>Fracture Clinic</u> appointments, bring all x-ray films/CD's with you if your tests were not done here.
	For all <u>Cardiology</u> appointments, please do not drink caffeine beverages (tea, coffee, soft drinks) or eat chocolate 12 hours before your appointment. Important! If have a <u>CRC</u> or <u>stress test</u> appointment, you will be going on a treadmill, please prepare by wearing comfortable clothing and running shoes.
	Please call us at least 48 hours in advance when cancelling or rescheduling your appointment.
	When possible, patients are seen in order of appointment time not arrival time. We try our best to keep on schedule, however clinics may be delayed and waits may be lengthy. Thank you for your patience and cooperation.
	Access YOUR Health Records & Appointment Information For Free, Anywhere! Anytime! To register, visit the Release of Information Department.





We are a Smoke Free and Scent Sensitive building.

Many people are sensitive and/or allergic to fragrance. We ask that you please reduce the use of products that contain scents.



Hand washing is important!

Please wash your hands before, during and after you visit the hospital. Thank you.

General inquiries: (416) 469-6580
Donations: (416) 469-6003
Business Office: (416) 469-6580 ext. 6231
Medical Records: (416) 469-6580 ext. 6273

Our website: www.tehn.ca
 **Follow us on Twitter:** @MGHToronto
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Patient Appointment Guide

(Excludes Diagnostic Imaging Services)

It is important that you keep the appointment date given to you. Specialists may have a long waiting time, if you do need to reschedule or cancel please provide 48 hours' notice so that another patient may be booked.

Where To Register	Clinic	Reschedule or Cancel	Appointment Date & Time
Patient Registration Department M - Zone, 1st Floor	<input type="checkbox"/> Cardiac Diagnostic Lab (ECHO, Stress Test, Holter)	(416) 469-6031	
	<input type="checkbox"/> Cardiac Referral Clinic (CRC) (Includes Exercise Stress Test)	(416) 469-6031	
	<input type="checkbox"/> Catheterization Lab	(416) 469-6580 ext. 2756	
	<input type="checkbox"/> Dietitian & Nutrition Clinic	(416) 469-6031	
	<input type="checkbox"/> Early Pregnancy Clinic	(416) 469-6031	
	<input type="checkbox"/> Endoscopy Unit	Physician Office Tel. No.	
	<input type="checkbox"/> Fracture/Orthopaedic Clinic ➤Expect a lengthy wait time (1 to 3 hours)	(416) 469-6384	
	<input type="checkbox"/> Heart Failure Clinic	(416) 469-6580 ext. 2126	
	<input type="checkbox"/> Medical Triage Clinic	(416) 469-6252	
	<input type="checkbox"/> Neurology/Stroke Clinic	(416) 469-6406	
	<input type="checkbox"/> Paediatric Asthma Clinic	(416) 469-6031	
	<input type="checkbox"/> Paediatric Cardiology	(416) 469-6031	
	<input type="checkbox"/> Paediatric Clinic	(416) 469-6031	
	<input type="checkbox"/> Paediatric Neurology Clinic	(416) 469-6406	
	<input type="checkbox"/> Respiratory Centre	(416) 469-7777	
	<input type="checkbox"/> Thoracic Surgery Clinic	Physician Office Tel. No.	
	<input type="checkbox"/> Arthritic Clinic	(416) 469-6031	
	<input type="checkbox"/> Breast Diagnostic Clinic	(416) 469-6031	
	<input type="checkbox"/> Colposcopy Clinic	(416) 469-6031	
	<input type="checkbox"/> Endocrine Clinic	(416) 469-6031	
	<input type="checkbox"/> ENT Clinic	(416) 469-6031	
	<input type="checkbox"/> Geriatric Urgent Care Clinic	(416) 469-6031	
	<input type="checkbox"/> Gestational Diabetes Class	(416) 469-6031	
	<input type="checkbox"/> Gestational Diabetic Clinic	(416) 469-6031	
	<input type="checkbox"/> G.I. Clinic	(416) 469-6031	
	<input type="checkbox"/> Gynaecology Clinic	(416) 469-6031	
	<input type="checkbox"/> Hand/Plastic Clinic	(416) 469-6031	
	<input type="checkbox"/> Medicine Clinic	(416) 469-6031	
	<input type="checkbox"/> Nephrology Clinic/Kidney Care	(416) 469-6580 ext. 3037	
	<input type="checkbox"/> Ophthalmology Clinic	(416) 469-6031	
<input type="checkbox"/> Surgery Clinic	(416) 469-6031		
<input type="checkbox"/> Suture Clinic	(416) 469-6031		
<input type="checkbox"/> Urology Radiation Clinic	Physician Office Tel. No.		
Oncology Clinic K - Zone, 2nd Floor	<input type="checkbox"/> Oncology/Haematology	(416) 469-6410	