

**NextGen: E-Mail Field**

On the Patient Information screen, **carefully** enter the patient's email address in the E-Mail field.

**\*Email addresses all contain the @ symbol and a period (.) followed by the domain (.com .org etc...)  
For Example) dougtest@gmail.com**

**\*DO NOT enter any text other than an email address in the E-Mail field.**

**\*Use the Comment field for notes about email/portal preferences.**

**Update Patient Information**

Last: Test First: Doug Middle: Previous Last: Nickname: Ralph

Social Security: 657-89-1234 Birth Date: 11/16/1965 Age: 49 yrs. Sex: Male

**Demographi** | Status | Client Defin... | Provider | Privacy | Employer | Relations/R... | UDS | Ext | History

Street: 125 Anywhere Avenue Billing Address: Address Type: City: Franklin State: MA (Mass) Zip: 02038-

Country: USA County: Community Cd: Mother's Maiden Name:

Race: White Pref Language: English Religion: Church: Ethnicity: N Contact Preference: Cell Phone

Marital Status: Legally Se Student Status: Veteran: Smoker: Expired: Expired Date: Int1 Hm Phn: Int1 Wk Phn: Int1 Zip:

Primary Care Provider: Provider, Test Primary Dental Provider: Telephone Number / E-Mail:

1. Home Phone: (401) 234-1212

2. Day Phone: (508) 555-1234 Ext:

3. Alternate Phone: ( ) - Ext:

4. Secondary Hm Phone: ( ) -

5. E-Mail: **dougtest@gmail.com** **Comment: Refused Portal 3/27/15**

6. Cell Phone: ( ) -

Generate System Alert: ☐

Insurance Account **OK** Cancel

Click OK to save.