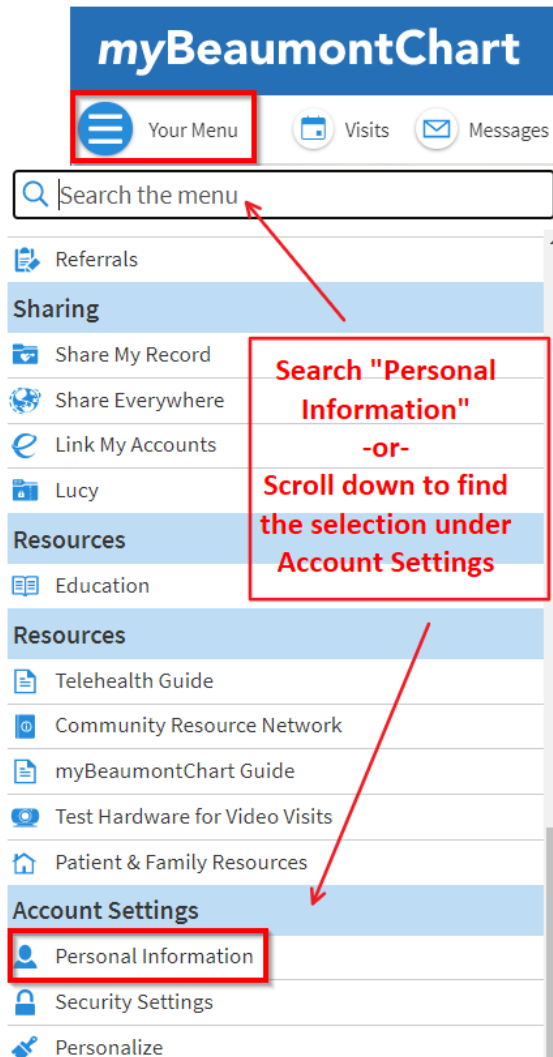


UPDATING CONTACT INFORMATION IN *my*BEAUMONTCHART



Personal Information

Please enter contact and personal information here, and click **Save Changes** to send a message to the clinic. Allow 24 hours for the information to be updated in the legal medical record.

Contact Information

1313 Cobblestone Way
TROY MI 48085

(preferred)
 Mobile phone not enter...
 Work phone not entered
 @be...

Going somewhere for a while?
[Add a temporary address](#)

Edit

Click "Edit" to Update/Review Contact Information

Details About Me

Preferred First Name *Not entered* Gender Identity *Not entered*

Sex Assigned at Birth *Not entered* Sexual Orientation *Not entered*

Marital Status Married Race White or Caucasian

Ethnicity Non Hispanic/Latino Religion *Not entered*

Edit

Personal Information

Please enter contact and personal information here, and click **Save Changes** to send a message to the clinic. Allow 24 hours for the information to be updated in the legal medical record.

Contact Information

Going somewhere for a while? [Add a temporary address](#)

Country
United States of America

Street Address
1313 Cobblestone Way

City TROY State Michigan ZIP 48085

County OAKLAND

* Home Phone 555-555-5555 Mobile Phone

Work Phone Email email@beaumont.org

Click the Star icon to indicate preferred/primary phone number

Click "Save Changes" when updates are complete

Save changes

Cancel

Details About Me

Preferred First Name *Not entered* Gender Identity *Not entered*

Sex Assigned at Birth *Not entered* Sexual Orientation *Not entered*

Marital Status Married Race White or Caucasian

Ethnicity Non Hispanic/Latino Religion *Not entered*

Edit

Verify Your Email Address

New Email must be verified to complete update.
Click "Verify new email" to continue

Previous Email

old.email@beaumont.org

[Restore previous email](#)

New Email

email@beaumont.org

[Verify new email](#)

A code will be sent to your email to verify.



Verify Your Email Address

We've sent a security code to [email@beaumont.org](#).

[Learn more](#)

Enter your code below to continue.

Enter Code
966529

[Verify](#)

Didn't receive the code?

[Resend code](#)

Enter 6 digit code received to updated email and click "Verify"

Personal Information

Please enter contact and personal information here, and click **Save Changes** to send a message to the clinic. Allow 24 hours for the information to be updated in the legal medical record.

Contact Information



Success!

Your contact information is now verified. You can update this information at any time.

1313 Cobblestone Way
TROY MI 48085

555-555-5555 (preferred)
Mobile phone not entered
Work phone not entered
[redacted]@bea...

Going somewhere for a while?
[Add a temporary address](#)

[Edit](#)

Details About Me



Preferred First Name
Not entered

Gender Identity
Not entered

Sex Assigned at Birth
Not entered

Sexual Orientation
Not entered

Marital Status
Married

Race
White or Caucasian

Ethnicity
Non Hispanic/Latino

Religion
Not entered

[Edit](#)



FOR QUESTIONS, CALL 248-597-2727.