How do I sign inbound faxes on the iPhone?

07/08/2024 7:24 pm EDT

If an inbound fax arrives that either requires a signature or should be copied to the patient's documents, you may use the iPad EHR app to sign inbound faxes and copy files to your patient's documents.

1. Access the Message Center on the app by selecting **Messages** in your mobile app's navigation bar. In your message center, find the fax that you would like to sign by selecting **Incoming Messages** or **Incoming Fax**.

11:	52 1					
	Messages	ţĊŗ				
All N	lessages					
	Incoming Messages	8 >				
\overleftrightarrow	Starred	>				
D	All Messages	8 >				
Fax						
	Incoming Fax	2 >				
Â	Outgoing Fax	>				
Lab	Results					
AB	Lab Results	>				
eRx						
\bigotimes	eRx Requests	>				
\bigotimes	eRx Change	>				
\bigotimes	eRx Cancel	>				
~ ~	Custom eRx	>				
Refe	Referrals					
÷	Outbound Referrals	>				
\frown	Custom Referrals	>				
onpa	atient					
Appoint		Account				

2. Select the document that needs your signature.

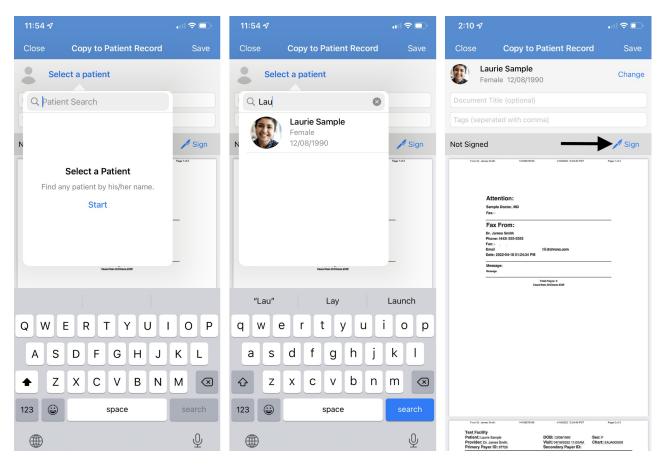
11:53 /		• II 🗢 🗔 '
< Messages	Incoming Fax	∇
Q Search mess	ages	
• Dr. James Smi	th	05/12/22
Dr. James Smi	th	04/28/22
Dr. James Smi Incoming Fax	th	04/18/22
Sample Docto	r, MD	04/11/22
Sample Docto	r, MD	01/11/22
Sample Docto	r, MD	01/11/22
Sample Docto	r, MD	01/11/22
Sample Docto	r, MD	10/21/21
Sample Docto	r, MD	10/21/21
Sample Docto	r, MD	07/29/21
Sample Docto	r, MD	07/29/21
Sample Docto	r, MD	07/26/21
Sample Docto	r, MD	06/29/21
Appointments Patient	s Messages Ta	isks Account

3. Tap the **Copy to Patient Record** button.

11:54 <i>-</i> 7				
< Incomi	ing Fax		N	1ark 🗅
Patient: <mark>No</mark> Assignee: Status:	t assigned	c	opy to Pat	ient Record
Add Mess	age Note		Add Vie	w Notes (0)
	Attention: Sample Doctor, MD Fax: Fax From: Dr. James Smith Phone: (43) 555555 Fax: Email: Date: 2022-04-28 12:37:	©drchrono.com 10 PM Total Pages 2 Pares from CrOwno EMR		Page 1 d 2
Appointments	Patients	Messages	[≯=] Tasks	Account

- 4. When you select **Copy to Patient Record**, you will be presented with the ability to:
 - Select a patient (you must select a patient to save the fax once you sign in)
 - Add a title for the document
 - Add document tags
 - Sign the document

To sign the fax, select **Sign** to the right of the page.



4. Click on the (

) icon to open the signature box.

If you have a signature saved in DrChrono, it will appear on the top. Simply tap it to insert. You can click **Edit Signature** to add a signature.

11:54 🗗		11:55 -7	• II \$ •
Close Move Draw	Save	Close Move	Draw Save
From Dr. James Smith 4/28/2022 11.37/30 PDT Attention: Sample Doctor, MD Fax: - Dr. James Smith Phone: (443) 555-5555 Fax: + Email: @drchrono.com Date: 2022-04-28 12:37:10 PM Your Pages: 2 Fault from DrChrone BHR	Page 1 of 2	From Dr. James Smith Attention: Sample Doctor, MD Fax: +1 301-850-2018 Fax: +1 301-850-2018 Dr. James Smith Phone: (43) 955-5555 Fax: +1 (410) 927-8199 Email: tomodan, withorfon-sporvdor.23 Date: 2022-04-28 12:37:10 PM Tota Faced for	1Pages: 2 B/Cirono EI/R
Primary Payer ID: 87728 Secondary Payer ID: .chlef Complaint: Physical Exam	rt: SAJA000001	Edit Si Other S	gnature ignatures

5. Once the signature is added, you can drag the signature box to the desired location. You can also expand or contract the box with the (

) tool. Tap **Save** when finished and your signature will be added to the document.

11:55 -	7					
Close		Move	Dra	w		Save
From Dr.	James Smith	14109278169	4/28/2022	11:37:30 PDT		Page 1 of 2
	Attention:					
Sample Doctor, MD Fax:						
	Fax From:					_
	Dr. James Smith					
	Phone: (443) 555 Fax: Email:					
	Email: Date: 2022-04-28		drchrono.com			
		Total Faxed from	Pages: 2 DrChrono EHR			-
		×				
		J.S.	nith	\Leftrightarrow		
		Dr. James Smith 05/13/2022 11:55 AM				
From Dr.	James Smith	14109278169	4/28/2022	11:37:30 PDT		Page 2 of 2
Test Fac	ility					
Provider	Laurie Sample Dr. James Smith	Vi	DB: 12/08/199 sit: 04/25/202	2 12:40PM	Sex: F Chart: SA	JA000001
Primary	Payer ID: 87726	Se	condary Pa	iyer ID:		<u> </u>
Chief C	omplaint: Physical E	ixam				
	lions & Allergies:					1.0.000
Exapro 2 Phone :	fedication & Dosage 10 mg oral tablet		Dispense: 0	SIG 1 a day Take as needed	PRN7 No	Indication
	fipone/Bupivacaine		1.000	1 a day	No	
	n 500 mg oral tablet		20.000	2 a day for 10 days	No	
						ocument
ارسا			n"		ear D	ocument

Note: You can also tap **Draw** to add a signature. However, it will not contain the printed name, date, and time, at the bottom of the signature field.

6. After you finish signing the document, fill out the rest of the form then select **Save**.

Your document will be saved to the patient's record. You can access your patient's record by selecting 'Patient History' on your patient's navigation menu.

