Adding a Signature to Outbound Faxes on the iPad

09/12/2024 12:40 pm EDT

You can sign your outbound faxes with a digital signature.

All patient data listed in this article is sample data. This is not a real person or real patient data.

1. To begin, select the document you would like to fax. This can be from the Patient's History or you can select the fax option from the clinical note.

Laurie Sample (Fem	ale 31 12/08/1990) 🗸	Close	Hide Detail	Filter: All Document Types _v
Patient	Actions	O. Seereh		
Patient Information	R Send eRx	Q Search		
Patient History	🌭 Log Phone Call	Tex Facility Apret Lin Service Phone Service Phone Phone Service Phone Phone Service National Service National Service National Service		
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🚔 Timeline	Take Clinical Photo	tageta	Laurie Sample	+ Laurie Sample
Problems 7	🗇 Upload Files	▲ 04/18/22 11:00AM	04/15/22 11:00AM	04/14/22 04:00PM
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Tap the arrow icon(1) and select Send Fax.

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1 of 2							Share	1
T	est Fac atient:	cility Laurie Sample		DOB: 12/08/1990)	-	Send Fax	
P	Provider: Dr. James Smith Visit: 04/18/2022 11:00AM Primary Payer ID: Secondary Payer ID:					Print		
_	Medica	ntions & Allergies	:				Free Draw	
	Cument	Mediaetion & Deserve	-	Diananaa	610	-	Amendment	
	Levapro	20 mg oral tablet		Dispense	1 a day			
	Phena			1.000	Take as needed	-	Send to OnPatient	
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	test			1.000	rest	No		
	amoxicillin 500 mg oral tablet				2 a day for 10 days	No		
	amoxicil	lin 500 mg oral capsule		20.000	2 caps a day for 10 days. Effective 6/9/2018	No		
	cyclober	nzaprine 10 mg oral tablet		30.000	Take 1 tab as needed	No		
	Alpha Li	poic 300 mg oral tablet		30.000	1 tab 1x a day	No		
	Allergy		Reac	tion				
Manual Manual Manual Manual			€ Laurie Sample	Laurie Sample	+ Group S	Session	Image: Second	
04/18/22 11:	00AM	04/15/22 11:00AM	04/14/22 04:00PM	04/14/22 04:30PM	04/11/22	2 07:20AM	04/11/22	04/1

--OR---

From the clinical note, select View Complete Note. Tap on the menu ()) icon and select Send Fax.

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Visit Patient History	Laurie Sample (Female 31 12/08/199 cc Chief complaint	90)~		Action I	Menu		1
Meaningful Use Assistant	1 of 2			Prir	nt		
(§) Billing	Test Facility Patient: Laurie Sample Provider: Dr. James Smith Primary Payer ID: 97726	DOB: 12/08/19 Visit: 04/18/20: Secondary P		Send	Fax		
	Primary Payer ID: 8/726 Secondar				ents (0)	
	Medications & Allergies:		c	and to O	nDation	nt .	
	Current Medication & Dosage	Dispense	5		iratiei	it.	
	Lexapro 20 mg oral tablet	0	Take as		1	_	
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	Hydromorhpone/Bupivacaine	1.000	1 a day	No			
	amoxicillin 500 mg oral tablet	20.000	2 a day for 10 days	No			
	amoxiciliin 500 mg oral capsule	20.000	2 caps a day for 10 days. Effective 6/9/2018	No			
	cyclobenzaprine 10 mg oral tablet	30.000	Take 1 tab as needed	No			
	Alpha Lipoic 300 mg oral tablet	30.000	1 tab 1x a day	No			
	Allergy Re	action					
	Subjective: History of present illness: Laurie Sample is a 31 General [-]: no significant weight change, no wee Skin [-]: no rash, no lumps, no sores, no itching, HEENT [-]: no headache, no head injury, no dizz problems, no tearing, no tinnitus, no vertigo, no e nosebleeds, no sinus trouble, no dry mouth, no h Neck [-]: no lumps, no lymphadenopathy, no goit	years year old female akness, no fatigue, nc no dryness, no color iiness, no lightheaded gaaraches, no nasal st oarseness ter, no pain, no stiffne	e o fever change, no cł dness, no visia uffiness, no n vss	hanges in hai on changes, r asal discharg	r or nails no hearing e, no		
View Complete Note	Objective: General WNL: AAOx3, NAD, normal level of con	sciousness, good pe	rsonal hygien	е			

2. Enter the recipient for the fax and select the **Sign** button.

ancel	Send Fax			
Name	Fax Nu	mber		
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Test Facility				
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Patient: Laurie Sample Provider: Dr. James Smith Primary Payer ID: 87726 Medications & Allergies:	DOB: 12/08/19 Visit: 04/18/20 Secondary P	90 22 11:00AM ayer ID:	Sex: F Chart: S	AJA000001
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Patient: Laurie Sample Provider: Dr. James Smith Primary Payer ID: 87726 Medications & Allergies: Current Medication & Dosage Lexapro 20 mg oral tablet Phena Hydromorhpone/Bupivacaine test amoxicillin 500 mg oral tablet amoxicillin 500 mg oral capsule	DOB: 12/08/19 Visit: 04/18/20: Secondary P 0 1.000 1.000 1.000 20.000 20.000	90 22 11:00AM ayer ID: SIG 1 a day Take as needed 1 a day Take as needed 1 a day rest 2 a day for 10 days 2 caps a day for 10 days. Effective 6/9/2018	Sex: F Chart: S PRN? No No No	AJA000001
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Skin [-]: no rash, no lumps, no sores, no itching, no dryness, no color change, no changes in hair or nails

HEENT [-]: no headache, no head injury, no dizziness, no lightheadedness, no vision changes, no hearing

problems, no tearing, no tinnitus, no vertigo, no earaches, no nasal stuffiness, no nasal discharge, no

3. After you select Sign, a preview of your fax will open. There are two tabs at the top of the page: **Move** and **Draw**. **Move** allows you to move to the location of the fax that you wish to sign. **Draw** allows your finger movements to act as a pen on the document and will allow you to create your signature.

For the Move option, tap the pen () icon. Next, if you have a signature on file already, it will appear for you to tap to add to the fax. Or you can draw one in the box. Underneath the signature will be the printed name of the provider along with a time and date stamp. Tap **Save** when finished.

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CPT 97161 1.00 UN PT EVAL LOW COMPLEX 20 MIN CPT 99213 1.00 UN OFFICE O/P EST LOW 20-29 MIN State J.S.S.M. (**) J.S.S.M. (**) Dr. James Smith 04/18/2022 03:22 PM J.S.S.M. (**) J.S.S.M. (**) [Page 2] Esigned by Dr. James Smith on 04/18/202 Edit Signature		Туре	Code	Modifiers	Quantity	Description				
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For the **Draw** option, after moving to the desired location, select the **Draw** button and draw in your signature. When complete, hit the **Save** button.

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movements intact, point-to-point movements intact, pain/temperature/light touch/ vibration/discrimination intact, DTR's intact

Extremities WNL: no varicose veins, no edema, no abnormal movements, no tremor, no rigidity, normal alignment, normal gait

Assessment:

Туре	Code	Description
ICD-10-CM Condition	Z00.00	Encounter for general adult medical examination without abnormal findings

Plan:

Туре	Code	Modifiers	Quantity	Description
CPT	97161		1.00 UN	PT EVAL LOW COMPLEX 20 MIN
CPT	99213		1.00 UN	OFFICE O/P EST LOW 20-29 MIN





4. To confirm your signature, a green **Signed** indicator will appear. Select **Send** and your sent fax will now include a copy of your signature in the location you placed it.



Subjective:

History of present illness: Laurie Sample is a 31 years year old female

General [-]: no significant weight change, no weakness, no fatigue, no fever

Skin [-]: no rash, no lumps, no sores, no itching, no dryness, no color change, no changes in hair or nails

HEENT [-]: no headache, no head injury, no dizziness, no lightheadedness, no vision changes, no hearing problems, no tearing, no tinnitus, no vertigo, no earaches, no nasal stuffiness, no nasal discharge, no