

# 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** (Female | 31 | 12/08/1990) ▾

Patient	Actions
Patient Information	Send eRx
Patient History ←	Log Phone Call
Face Sheet	Check Insurance Eligibility
Timeline	Take Clinical Photo
Problems 7	Upload Files
Medications 26	Send Referral
Allergies NKDA	Data Visualization
Labs	Patient Education
Vitals	App Directory
Patient Flags	Quick Charting
Appointment List	Apple Health App Data NO
Family History	
Growth Charts	

Close Hide Detail Filter: All Document Types

Q Search

Laurie Sample 04/18/22 11:00AM	Laurie Sample 04/15/22 11:00AM	Laurie Sample 04/14/22 04:00PM
Laurie Sample 04/14/22 04:30PM	Group Session 04/11/22 07:20AM	C-CDA Import 04/11/22
C-CDA Import 04/11/22	referral 04/11/22	Incoming Fax 04/11/22

Tap the arrow icon(  ) and select **Send Fax**.

Close



1 of 2

**Test Facility**

**Patient:** Laurie Sample

**Provider:** Dr. James Smith

**Primary Payer ID:** 87726

**DOB:** 12/08/1990

**Visit:** 04/18/2022 11:00AM

**Secondary Payer ID:**

Share

Send Fax

Print

Free Draw

Amendment

Send to OnPatient

**Medications & Allergies:**

Current Medication & Dosage	Dispense	SIG		
Lexapro 20 mg oral tablet	0	1 a day		
Phena	1.000	Take as needed		
Hydromorphone/Bupivacaine	1.000	1 a day	No	
test	1.000	rest	No	
amoxicillin 500 mg oral tablet	20.000	2 a day for 10 days	No	
amoxicillin 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	Reaction

**Laurie Sample**  
04/18/22 11:00AM

**Laurie Sample**  
04/15/22 11:00AM

**Laurie Sample**  
04/14/22 04:00PM

**Laurie Sample**  
04/14/22 04:30PM

**Group Session**  
04/11/22 07:20AM

**C-CDA Import**  
04/11/22

**C-C**  
04/11/22

--OR--

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



Visit



Patient



History



Laurie Sample (Female | 31 | 12/08/1990) ↓

CC Chief complaint



Meaningful Use Assistant



Billing

1 of 2

**Test Facility**

**Patient:** Laurie Sample  
**Provider:** Dr. James Smith  
**Primary Payer ID:** 87726

**DOB:** 12/08/19  
**Visit:** 04/18/20  
**Secondary P**

Action Menu

Print

Send Fax

Amendments (0)

Send to OnPatient

**Medications & Allergies:**

Current Medication & Dosage	Dispense			
Lexapro 20 mg oral tablet	0			
Phena	1.000	Take as needed	No	
Hydromorphone/Bupivacaine	1.000	1 a day	No	
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Alpha Lipoic 300 mg oral tablet	30.000	1 tab 1x a day	No	

Allergy	Reaction
No Known Drug Allergies (NKDA)	

**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 nosebleeds, no sinus trouble, no dry mouth, no hoarseness  
Neck [-]: no lumps, no lymphadenopathy, no goiter, no pain, no stiffness

**Objective:**

General WNL: AAOx3, NAD, normal level of consciousness, good personal hygiene



View Complete Note

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

Cancel

Send Fax

Send

Name

Fax Number

Message

Not Signed



**Test Facility**

**Patient:** Laurie Sample

**DOB:** 12/08/1990

**Sex:** F

**Provider:** Dr. James Smith

**Visit:** 04/18/2022 11:00AM

**Chart:** SAJA000001

**Primary Payer ID:** 87726

**Secondary Payer ID:**

**Medications & Allergies:**

Current Medication & Dosage	Dispense	SIG	PRN?	Indication
Lexapro 20 mg oral tablet	0	1 a day	No	
Phena	1.000	Take as needed	No	
Hydromorphone/Bupivacaine	1.000	1 a day	No	
test	1.000	rest	No	
amoxicillin 500 mg oral tablet	20.000	2 a day for 10 days	No	
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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.

Close

Move

Draw

Save

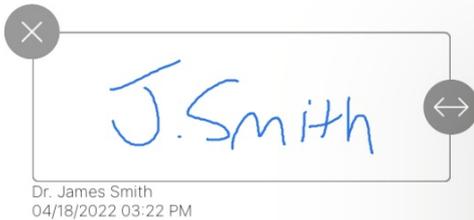
Extremities WNL: no varicose veins, no edema, no abnormal movements, no tremor, no rigidity, normal alignment, normal gait

**Assessment:**

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

**Plan:**

Type	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



Edit Signature

Other Signatures

[Page 2]

E-signed by Dr. James Smith on 04/18/2022  
This page was generated at 04/18/2022



Clear Document

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.

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:**

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

**Plan:**

Type	Code	Modifiers	Quantity	Description
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CPT	99213		1.00 UN	OFFICE O/P EST LOW 20-29 MIN

J. Smith



Clear Document

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.

Cancel

Send Fax

Send

Sample Doctor, MD



+1

Message

Signed



Save copy to PT history

**Test Facility**

**Patient:** Laurie Sample  
**Provider:** Dr. James Smith  
**Primary Payer ID:** 87726

**DOB:** 12/08/1990  
**Visit:** 04/18/2022 11:00AM  
**Secondary Payer ID:**

**Sex:** F  
**Chart:** SAJA000001

**Medications & Allergies:**

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