

# Adding Your Signature to a Referral on the iPhone

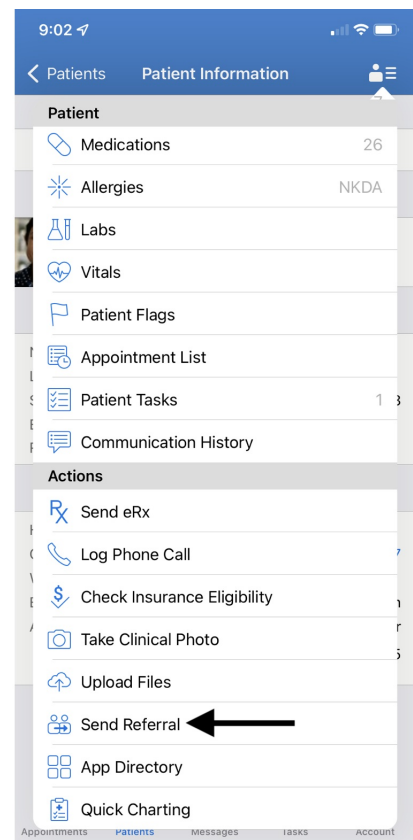
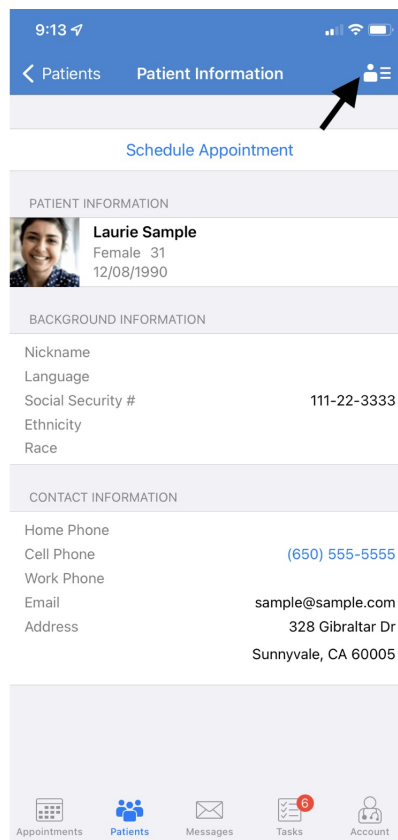
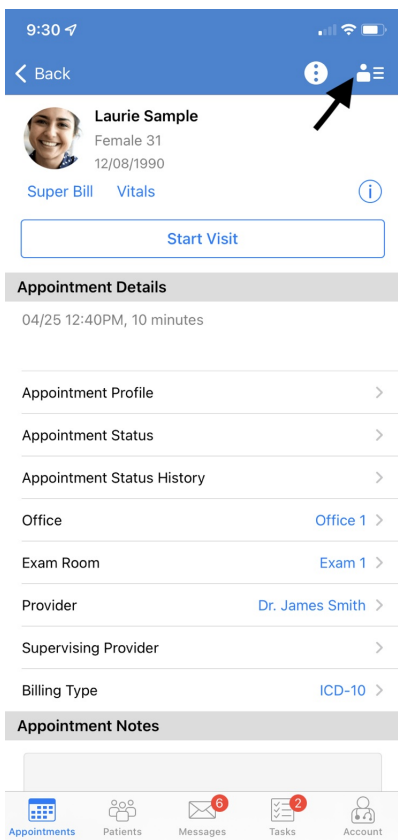
07/08/2024 7:59 pm EDT

In the mobile EHR app on your iPhone, you can easily attach a signature to your referrals. Using a touchscreen mobile device provides you the unique ability to easily produce e-signatures that would be more difficult to produce on a computer.




Referrals can be accessed through the patient menu (



) in the appointment or by searching for the patient. Tap **Send Referral** once you have the patient selected.



2. After you reach your patient's referral page, select **Sign**. You can select sign at any time during the referral process before sending.

9:03   


Close Patient Referral Preview


Fax Info Patient Info Clinical Summary Codes D

SENDER

Dr. James Smith

[sample@sample.com](mailto:sample@sample.com)


 Fax Number


 (443) 555-5555

RECIPIENT



Select a Contact or Add New Contact

E-mail Address

 Fax Number

 Phone Number

INSTRUCTIONS

  Sign

3. A window will open for you to sign. If you have a saved e-signature, it will appear. You can also simply just sign with your finger/stylus and save the signature for reuse. When complete, select **Save**.



4. The referral will show as **Signed** and the signature will appear on the final version.

Fax Info Patient Info Clinical Summary Codes D

SENDER

Dr. James Smith

sample@sample.com

 Fax Number

 (443) 555-5555

RECIPIENT

Select a Contact or Add New Contact

E-mail Address

 Fax Number

 Phone Number

INSTRUCTIONS

  Signed

		Test Facility	
<b>From:</b>	Dr. James Smith	<b>To:</b>	Sample Doctor, MD
<b>Email:</b>	sample@sample.com	<b>Email:</b>	
<b>Phone:</b>	(443) 555-5555	<b>Phone:</b>	+1 301-555-5555
<b>Fax:</b>		<b>Fax:</b>	
<b>Patient Name:</b>	Laurie Sample	<b>Phone:</b>	(443) -555-5555
<b>DOB:</b>	12/08/1990	<b>Address:</b>	328 Gibraltar Dr Sunnyvale, CA 60005
<b>Age:</b>	31	<b>Address:</b>	
<b>Sex:</b>	Female	<b>Mail Address:</b>	Same as address
<b>SSN:</b>	XXX-XX-3333		
<b>Primary Insurance Company:</b>	United HealthCare	<b>Secondary Insurance Company:</b>	
<b>Plan:</b>		<b>Plan:</b>	
<b>Group #:</b>	ABC123	<b>Group #:</b>	
<b>Policy #:</b>	123456789	<b>Policy #:</b>	
<b>Subscriber:</b>	Laurie Sample	<b>Subscriber:</b>	Laurie Sample

*J. Smith*

Provider: Dr. James Smith  
Date: 04/28/22 07:05 AM

Patient Health Summary

<b>Patient</b>	Laurie Sample		
<b>Date of birth</b>	December 8, 1990	<b>Sex</b>	Female
<b>Race</b>	Unknown Unknown	<b>Ethnicity</b>	Unknown
<b>Contact info</b>	Primary Home: 328 Gibraltar Dr Sunnyvale, CA 60005, US Tel (Cell):	<b>Preferred Language</b>	Information not available
		<b>Patient IDs</b>	SAJAD00001 2.16.840.1.113883.3.7621 111-22-3333 2.16.840.1.113883.4.1
<b>Document Created</b>	April 28, 2022, 09:05:16, EST		
<b>Care provision</b>	from January 4, 2022, 09:37:00, EST to April 28, 2022, 09:05:16, EST		
<b>Performer (primary care provider)</b>	Dr. James Smith		
<b>Author</b>	Dr. James Smith		