

How do I fax a document from the iPhone?

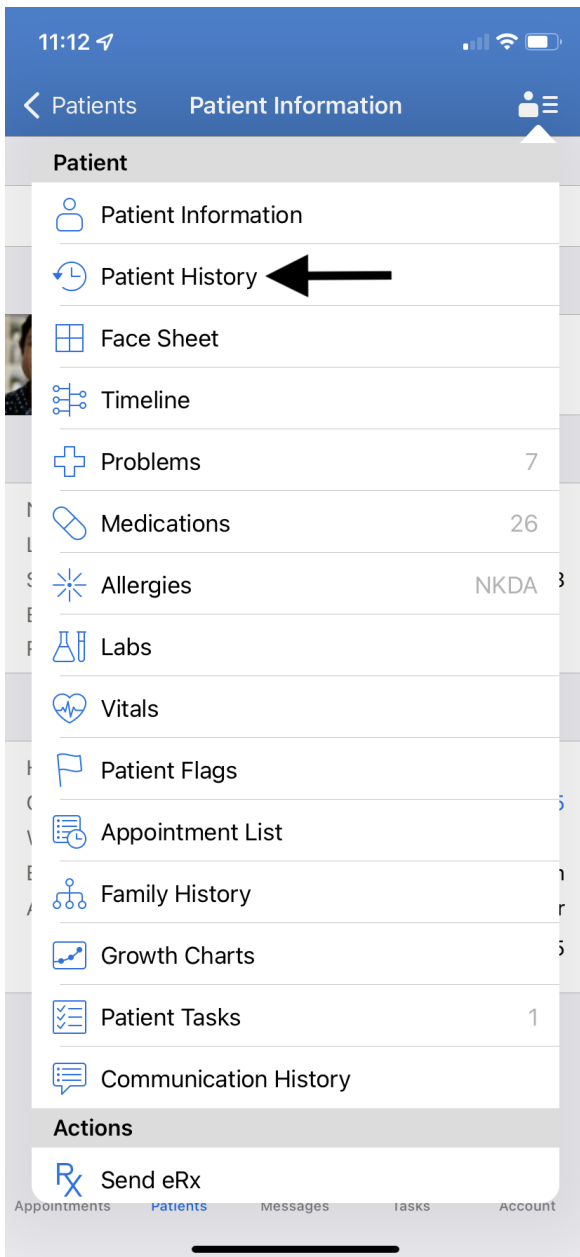
07/24/2024 4:05 pm EDT

Within the [EHR app](#), you can fax any document stored within your EHR's patient history from your iPhone.

1. You can fax from the Patient History section of the chart, which can be accessed through the patient menu (



) in the appointment window or by searching for the patient.



2. Select the document you would like to fax from the list.


11:19



Close


Filter: All Document Types

Search

 **Sample Doctor, MD (Outbound Referral)**


04/28/22 09:05AM

referral

 **Physical Exam**


04/25/22 12:40PM

Exam 1

 **Laurie Sample**


04/19/22 01:50PM

Exam 1

 **Laurie Sample - Signed**


04/18/22

free draw

 **Laurie Sample**


04/15/22 11:00AM

Exam 1

 **Laurie Sample**


04/14/22 04:00PM

Exam 1

 **Laurie Sample**


04/14/22 04:30PM

Exam 1

 **Group Session**

04/11/22 07:20AM

Exam 1

 **C-CDA Import**


04/11/22

c-cda imported

 **C-CDA Import**

04/11/22

c-cda imported

 **referral**

04/11/22

referral

 **Incoming Fax**

3. When previewing your patient document, tap on the share(



) button and select **Send Fax**.

2:35 📶 🔋

Close ➔ 📄

Test Facility
Patient: Laurie Sample **DOB:** 12/08/1990 **Sex:** F
Provider: Dr. James Smith **Visit:** 04/25/2022 12:40PM **Chart:** SAJA000001
Primary Payer ID: 87726 **Secondary Payer ID:**

Chief Complaint: Physical Exam

Medications & Allergies:

Current Medication & Dosage	Dispense	SIG	PRN?	Indication
Lexapro 20 mg oral tablet	0	1 a day	No	
Phenra	1,000	Take as needed	No	
Hydroxyzine/pseudoephedrine	1,000	1 a day	No	
test	1,000	test	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 Lipolic 300 mg oral tablet	30,000	1 tab 1x a day	No	

Allergy	Reaction
No Known Drug Allergies (NKDA)	

[Page 1] Pending e-signature This page was generated at 04/28/2022 12:35PM MDT Powered by DrChrono

Sample Doctor, MD
(Outbound Referral)
04/28/22 09:05AM

Physical Exam
04/25/22 12:40PM

Laurie Sample
04/1

2:35 📶 🔋

Close 📄

Test Facility
Patient: Laurie Sample **DOB:** 12/08/1990 **Sex:** F
Provider: Dr. James Smith **Visit:** 04/25/2022 12:40PM **Chart:** SAJA000001
Primary Payer ID: 87726 **Secondary Payer ID:**

Chief Complaint: Physical Exam

Medications & Allergies:

Current Medication & Dosage	Dispense	SIG	PRN?	Indication
Lexapro 20 mg oral tablet	0	1 a day	No	
Phenra	1,000	Take as needed	No	
Hydroxyzine/pseudoephedrine	1,000	1 a day	No	
test	1,000	test	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 Lipolic 300 mg oral tablet	30,000	1 tab 1x a day	No	

Allergy	Reaction
No Known Drug Allergies (NKDA)	

[Page 1] Pending e-signature This page was generated at 04/28/2022 12:35PM MDT Powered by DrChrono

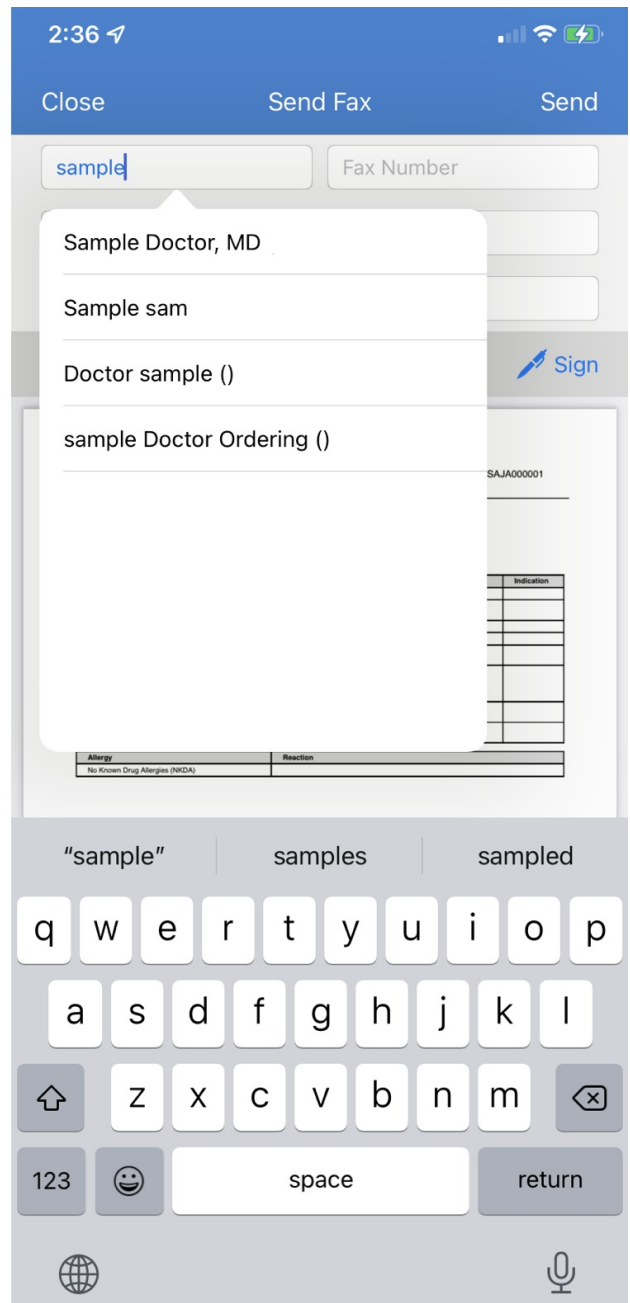
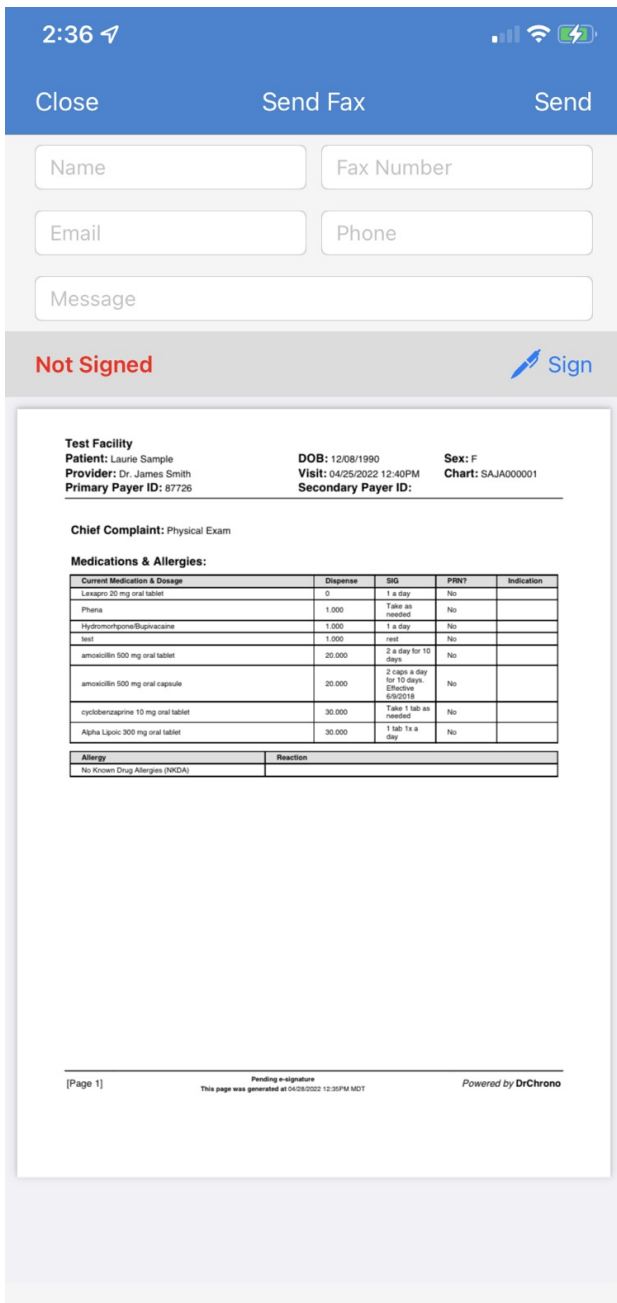
Share

Send Fax ➔

Print

Cancel

4. After filling out this form with your recipient name, their fax number, a title, and an optional signature.



To add a signature to your fax, tap **Sign**. Select the signature (



) icon. Add or draw a signature and **Save**.


2:36

Close Send Fax Send

Name Fax Number

Email Phone

Message

Not Signed 

Test Facility
 Patient: Laura Sample DOB: 12/08/1990 Sex: F
 Provider: Dr. James Smith Visit: 04/25/2022 12:42PM Chart: SAJA000001
 Primary Payer ID: 87726 Secondary Payer ID:

Chief Complaint: Physical Exam

Medications & Allergies:

Current Medication & Dosage	Dosage	SS	PKT	Indication
Clonidine 0.2 mg oral tablet	0	1 x 200	No	
Phenol	1.000	Tablet 40	No	
Hydrochlorothiazide	1.000	1 x 50	No	
Met	1.000	1 x 10	No	
amoxicillin 500 mg oral tablet	30.000	2 x 250 to 10	No	
amoxicillin 500 mg oral capsule	30.000	2 x 250 to 10	No	
gabapentin 300 mg oral tablet	30.000	Tablet 300 mg	No	
gabapentin 300 mg oral tablet	30.000	Tablet 300 mg	No	
Alpha-Lipoic 300 mg oral tablet	30.000	1 x 300	No	

Allergy Reaction

No Known Drug Allergies (NKDA)

[Page 1] Pending signature This page was generated at 04/25/2022 12:38PM MDT Powered by DrChrono

2:36

Close Move Draw Save

Test Facility
 Patient: Laura Sample DOB: 12/08/1990 Sex: F
 Provider: Dr. James Smith Visit: 04/25/2022 12:42PM Chart: SAJA000001
 Primary Payer ID: 87726 Secondary Payer ID:

Chief Complaint: Physical Exam



Medications & Allergies:

Current Medication & Dosage	Dosage	SS	PKT	Indication
Clonidine 0.2 mg oral tablet	0	1 x 200	No	
Phenol	1.000	Tablet 40	No	
Hydrochlorothiazide	1.000	1 x 50	No	
Met	1.000	1 x 10	No	
amoxicillin 500 mg oral tablet	30.000	2 x 250 to 10	No	
amoxicillin 500 mg oral capsule	30.000	2 x 250 to 10	No	
gabapentin 300 mg oral tablet	30.000	Tablet 300 mg	No	
gabapentin 300 mg oral tablet	30.000	Tablet 300 mg	No	
Alpha-Lipoic 300 mg oral tablet	30.000	1 x 300	No	

Allergy Reaction

No Known Drug Allergies (NKDA)

[Page 1] Pending signature This page was generated at 04/25/2022 12:38PM MDT Powered by DrChrono

  Clear Document

2:36

Close Move Draw Save

Test Facility
 Patient: Laura Sample DOB: 12/08/1990 Sex: F
 Provider: Dr. James Smith Visit: 04/25/2022 12:42PM Chart: SAJA000001
 Primary Payer ID: 87726 Secondary Payer ID:


Chief Complaint: Physical Exam

Medications & Allergies:

Current Medication & Dosage	Dosage	SS	PKT	Indication
Clonidine 0.2 mg oral tablet	0	1 x 200	No	
Phenol	1.000	Tablet 40	No	
Hydrochlorothiazide	1.000	1 x 50	No	
Met	1.000	1 x 10	No	
amoxicillin 500 mg oral tablet	30.000	2 x 250 to 10	No	
amoxicillin 500 mg oral capsule	30.000	2 x 250 to 10	No	
gabapentin 300 mg oral tablet	30.000	Tablet 300 mg	No	
gabapentin 300 mg oral tablet	30.000	Tablet 300 mg	No	
Alpha-Lipoic 300 mg oral tablet	30.000	1 x 300	No	

Allergy Reaction

No Known Drug Allergies (NKDA)

J. Smith 

Edit Signature

Other Signatures

Cancel

5. Tap **Send** in the upper right-hand corner to deliver your fax.

Close

Send Fax

Send

Sample Doctor, MD

Email

Phone

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: 04/25/2022 12:40PM
Secondary Payer ID:

Sex: F
Chart: SAJA000001

Chief Complaint: Physical Exam

Medications & Allergies:

Current Medication & Dosage	Dispense	SIG	PRINT	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	test	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 5/9/2018	No	
cyclobenzaprine 10 mg oral tablet	30,000	Take 1 tab as needed	No	
Alpha Lipic 300 mg oral tablet	30,000	1 tab 1x a day	No	

Allergy	Reaction
No Known Drug Allergies (NKDA)	

J. Smith

Dr. James Smith
04/28/2022 02:36 PM

Close

Send Fax

Send

Sample Doctor, MD

Email

Phone

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: 04/25/2022 12:40PM
Secondary Payer ID:

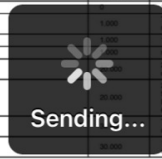
Sex: F
Chart: SAJA000001

Chief Complaint: Physical Exam

Medications & Allergies:

Current Medication & Dosage	Dispense	SIG	PRINT	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	test	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 5/9/2018	No	
cyclobenzaprine 10 mg oral tablet	30,000	Take 1 tab as needed	No	
Alpha Lipic 300 mg oral tablet	30,000	1 tab 1x a day	No	

Allergy	Reaction
No Known Drug Allergies (NKDA)	



J. Smith

Dr. James Smith
04/28/2022 02:36 PM