Adding Your Signature to a Referral on the iPhone

07/24/2024 12:09 pm EDT

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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.

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< Back	€ ≛≣	A Patients Patient Info	rmation≡	〈 Patients Patient Information	i ≡
Female 31 12/08/1990		Schedule App	pointment	Patient	26
Super Bill Vitals	(i)	PATIENT INFORMATION		🔆 Allergies	NKDA
Start Visit		Laurie Sample Female 31		Al Labs	
Appointment Details		12/08/1990		Vitals	_
04/25 12:40PM, 10 minutes		BACKGROUND INFORMATION		Patient Flags	
		Nickname Language		Appointment List	
Appointment Profile	>	Social Security #	111-22-3333	Section Tasks	1 3
Appointment Status	>	Ethnicity Race		F 🗐 Communication History	
Appointment Status History	>	CONTACT INFORMATION		Actions	
Office	Office 1 >	Home Phone		R Send eRx	
Exam Room	Exam 1 >	Cell Phone Work Phone	(650) 555-5555	Contraction Call	,
Provider D	r. James Smith >	Email	sample@sample.com	Check Insurance Eligibility	ı
Supervising Provider	>	Address	328 Gibraltar Dr Sunnyvale, CA 60005	/ 🔘 Take Clinical Photo	r 5
Billing Type	ICD-10 >			🔶 Upload Files	
Appointment Notes				😁 Send Referral	
				App Directory	
Appointments Patients Messages	Tasks Account	Appointments Patients Messag	es Tasks Account	Quick Charting	Account

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

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Clos	e	Patie	ent Referral		Preview	
Fax In	fo Patie	nt Info	Clinical Summ	nary	Codes	D
SEND	DER					
Dr. J	lames Sm	nith				
	sample@	sample.	com			
Ð	Fax Num	ber				
Ś	(443) 55	5-5555				
RECII	PIENT					
	Select a	Contact	or Add New C	ontact		
	E-mail A	ddress				
D	Fax Num	ber				
5	Phone N	umber				
INST	RUCTIONS					
			_		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.

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Close	Patie	ent Referral	Preview	< Back	Close	¢	Fax F
ax Info	Patient Info	Clinical Summary	Codes D				
				From: Email: Phone:	T Dr. James Smith sample@sample.com (443) 555-5555	Test Facility To: Email: Phone:	Sample Doctor, MD
SENDER	2			Fax: Patient Name: DOB:	Laurie Sample 12/08/1990	Fax: Phone:	+1 301-555-5555 (443) -555-5555 328 Gibraltar Dr
Dr. Jar	nes Smith			Age: Sex SSN	31 Female XXX-XX-3333	Address Mail Address	Sunnyvale, CA 60 Same as address
san	nple@sample.com			Primary Insurance Company: Plan: Group #:	United HealthCare ABC123	Secondary Insura Company: Plan: Group #:	ance
E Fa	ax Number			Policy #: Subscriber:	123456789 Laurie Sample	Policy #: Subscriber:	Laurie Sample
\$ (4	143) 555-5555			T	Smit	-h	
				Provider: Dr. James Smi			
RECIPIE	NT			Date: 04/28/22 07:05 AM			
S	elect a Contact	or Add New Conta	ct				
E	-mail Address						
E Fa	ax Number						
ς Ρ	hone Number						
INSTRU	CTIONS						
					Patient I	Health Summary	
				Patient Date of birth	Laurie Sample December 8, 1990	Sex	Female
				Race	Unknown Unknown	Ethnicity	Unknown
				Contact info	Unknown Primary Home: 328 Gibrattar Dr Sunnyvale, CA 60005, US Tel (Cell):	Preferred Language	Information not available
				Document Created		Patient IDs	SAJA000001 2.16.840.1.11388 111-22-3333 2.16.840.1.11388
				Care provision	April 28, 2022, 09:05:16, EST from January 4, 2022, 09:37:00, E	ST to April 28, 2022, 09-01	5:16. EST
			Signed	Performer (primary care provider)	Dr. James Smith		