Envelope Id: DOCUSIGN-DEMO-001

Subject: Complete with zDocSign: Healthcare Document

Source Envelope:

**Document Pages: 3** Signatures: 2 Envelope Originator: Certificate Pages: 2 Initials: 0 Dr. Sarah Smith

dr.smith@example.com

Status: Completed

AutoNav: Enabled

**Envelopeld Stamping: Enabled** 

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

IP Address: 127.0.0.1

## **Record Tracking**

Status: Original Holder: System Administrator Location: zDocSign

12/11/2025 1:23:00 AM admin@system.com

Security Appliance Status: Connected Pool: Healthcare

## **Signer Events Signature Timestamp**

**Robert Brown** 

robert.brown@example.com

Patient Signature

Security Level: Email, Account Authentication

(None)

Signature Adoption: Pre-selected Style

Electronic Record and Signature Disclosure:

Accepted: 8/9/2025 6:30:00 AM

Dr. Sarah Smith

dr.smith@example.com

Provider Signature

Security Level: Email, Account Authentication

(None)

Signature Adoption: Pre-selected Style

Electronic Record and Signature Disclosure:

Accepted: 8/9/2025 12:00:00 PM

Sent: 8/9/2025 6:30:00 AM [Signature] Viewed: 8/9/2025 6:30:00 **6**Mgned: 8/9/2025 6:30:00

AM

Sent: 8/9/2025 12:00:00 PM Viewed: 8/9/2025 12:00:00 **Bly**ned: 8/9/2025 12:00:00

PM

[Signature]

Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Status	Timestamp
Notary Events	Status	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent Certified Delivered Signing Complete	Hashed/Encrypted Security Checked Security Checked	8/9/2025 4:00:00 AM 8/9/2025 6:30:00 AM 8/10/2025 4:00:00 AM
Completed	Security Checked	8/10/2025 4:05:00 AM
Payment Events	Status Status	710/2025 4:05:00 AM  Timestamps