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

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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]

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