

Image not found

[https://it.ucsf.edu/sites/it.ucsf.edu/themes/custom/it\\_new/logo.png](https://it.ucsf.edu/sites/it.ucsf.edu/themes/custom/it_new/logo.png)

Published on *it.ucsf.edu* (<https://it.ucsf.edu>)

[Home](#) > [Integrations](#)

---

# Integrations

Jill Cozen-Harel on January 3, 2020

There is a DocuSign Print Driver, which allows you to print directly to DocuSign from another application, the way you would print to PDF.

## DocuSign Print Driver

Once it is installed, you can "print" to DocuSign just as you "print" to a pdf from Word, Excel, or almost any other application. The PrintDriver is only available for Windows PCs at this time.

[Click here to download the PrintDriver](#) <sup>[1]</sup>

[Click here for more technical information](#) <sup>[2]</sup>.

DocuSign also has integrations with Outlook, Salesforce, and several other applications.

## DocuSign for Outlook

If you install DocuSign for Outlook, you can sign and send documents directly from the Outlook interface without needing to upload the file into the DocuSign console.

This is only available for Windows and works with Outlook 2007, Outlook 2010, and Outlook 2013.

[Download it here](#) <sup>[3]</sup>.

To install it, double-click on the .msi file to launch the DocuSign for Outlook Setup Wizard and follow the on-screen instructions. Once that has completed, click **close** to exit the Setup Wizard. DocuSign for Outlook is now installed and you will see a group of DocuSign icons added to the top display bar in Outlook.

You can sign the following types of files:

**Document:** .pdf, .doc, .docx, .rtf, .txt

**Spreadsheet:** .xls, .xlsx

**Presentation:** .ppt, .pptx

**Image:** .jpg, .png, .tiff, .gif

**Webpage:** .htm, .html

### How to Sign:

1. To sign, select the email that has the attachment you want to sign and then click on the **Sign Attachments** icon.
2. During your first use, you will be asked to log in.
3. To add your signature, initial, or any other data to the document, click the appropriate type of field from the menu and drag-and-drop it to the location where you would like it on the document. If you would like to add more signatures or information, click the pencil icon to re-display the menu of field types. You can also zoom or rotate the page with the icons at the top of the screen.
4. When you are finished signing, click **Finish**.

?

**Sign Document**

Subject: UCSF Authorization for Surgery.docx

To rotate page → [Rotate Left] [Rotate Right] [100%] [Dropdown]

To zoom ↓ [100%] [Dropdown]

To add more fields → [Pencil Icon]

To finish and send → [Finish]

Drag and drop

**UCSF Benioff Children's Hospital**

**AUTHORIZATION FOR SURGERY,  
SPECIAL DIAGNOSTIC OR THERAPUTIC  
PROCEDURE, BLOOD TRANSFUSION  
AND ADMINISTRATION OF  
ANESTHETICS**

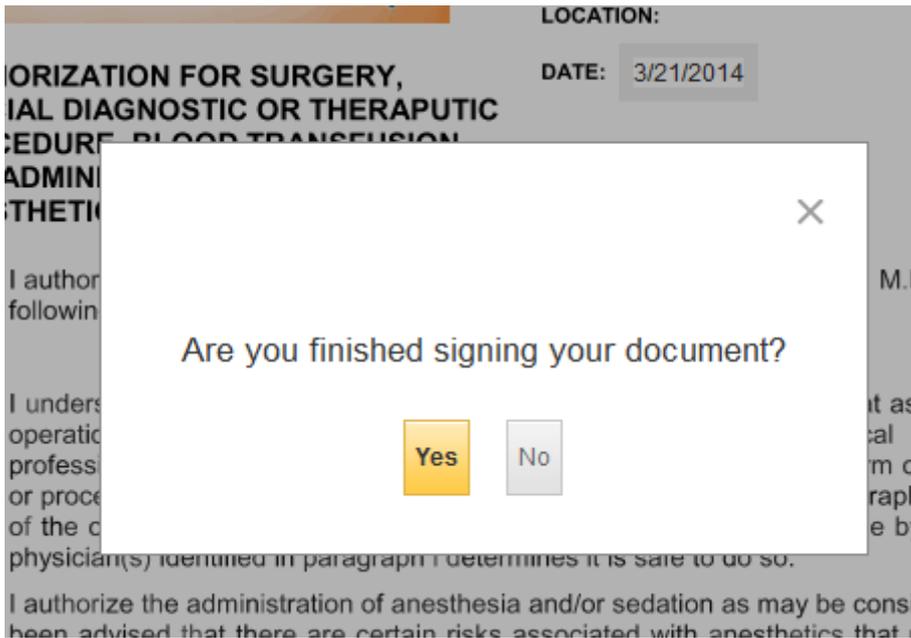
PATIENT NAME:  
LOCATION:  
DATE:

1. I authorize following operation(s) or procedure(s):

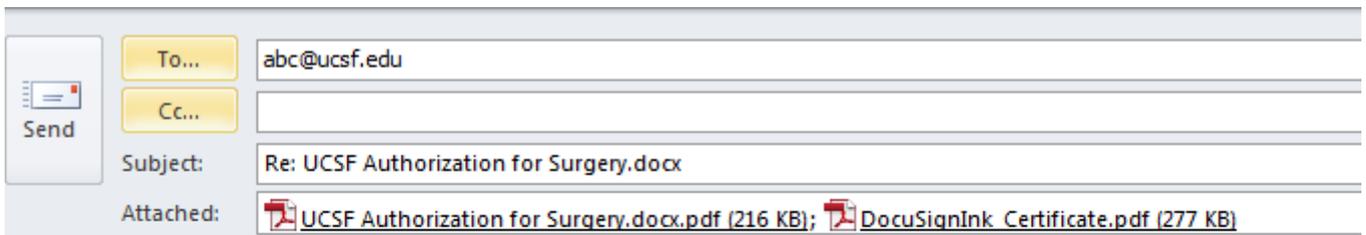
I understand that UCSF Medical Center is a teaching institution and that associated operation(s) or procedure(s) may include residents, fellows, medical students, or other professionals. I authorize that such associates or assistants may perform or assist in the operation(s) or procedure(s) under the direction of the physician(s) identified in paragraph 1 of the operating or procedural room for some of the surgical tasks done by the physician(s) identified in paragraph 1 determines it is safe to do so.

2. I authorize the administration of anesthesia and/or sedation as may be considered appropriate. I have been advised that there are certain risks associated with anesthesia that may include, but are not limited to, drug intolerances, and dental, mouth or throat damage, discomfort or pain, and other complications. I understand that the explanations that I have received may not be exhaustive or all-inclusive and that I am aware of the risks involved.

5. Confirm that you are finished signing.



6. DocuSign will automatically generate a reply email to the original sender with the signed document and a certificate of completion attached. The document is always saved as a pdf, regardless of its original file format. The signed document is also saved in your DocuSign account.



Attachment securely signed using DocuSign. [Get all your documents signed online.](#)

## Required Service Information

Electronic Signature [4]

## Images

To rotate page



To zoom



To add more fields

To finish and send



PATIENT NAME:

LOCATION:

DATE:

### AUTHORIZATION FOR SURGERY, SPECIAL DIAGNOSTIC OR THERAPUTIC PROCEDURE, BLOOD TRANSFUSION AND ADMINISTRATION OF ANESTHETICS

Drag and drop

1. I authorize following operation(s) or procedure(s):

M.D.

I understand that UCSF Medical Center is a teaching institution and that associated operation(s) or procedure(s) may include residents, fellows, medical students, nurses, and other professionals. I authorize that such associates or assistants may perform or assist in the operation(s) or procedure(s) under the direction of the physician(s) identified in paragraph 1 of the operating or procedural room for some of the surgical tasks done by the physician(s) identified in paragraph 1 determines it is safe to do so.

2. I authorize the administration of anesthesia and/or sedation as may be considered appropriate. I have been advised that there are certain risks associated with anesthetics that may include drug intolerances, and dental, mouth or throat damage, discomfort or pain, and other explanations that I have received may not be exhaustive or all-inclusive and that I understand the risks involved.

LOCATION:

DATE: 3/21/2014

AUTHORIZATION FOR SURGERY, SPECIAL DIAGNOSTIC OR THERAPUTIC PROCEDURE, BLOOD TRANSFUSION AND ADMINISTRATION OF ANESTHETICS

I authorize following

M.D.

I understand that UCSF Medical Center is a teaching institution and that associated operation(s) or procedure(s) may include residents, fellows, medical students, nurses, and other professionals. I authorize that such associates or assistants may perform or assist in the operation(s) or procedure(s) under the direction of the physician(s) identified in paragraph 1 of the operating or procedural room for some of the surgical tasks done by the physician(s) identified in paragraph 1 determines it is safe to do so.

I authorize the administration of anesthesia and/or sedation as may be considered appropriate. I have been advised that there are certain risks associated with anesthetics that may include drug intolerances, and dental, mouth or throat damage, discomfort or pain, and other explanations that I have received may not be exhaustive or all-inclusive and that I understand the risks involved.

Sign  
DS  
Name  
Name  
Smith  
Text  
Text  
Text  
1  
Text

Are you finished signing your document?

Yes

No

 Send	To...	abc@ucsf.edu
	Cc...	
	Subject:	Re: UCSF Authorization for Surgery.docx
	Attached:	 UCSF Authorization for Surgery.docx.pdf (216 KB);  DocuSignInk Certificate.pdf (277 KB)

Attachment securely signed using DocuSign. [Get all your documents signed online.](#)

**GET IT HELP.** Contact the Service Desk online, or phone 415.514.4100

[Site Login](#) [Site Index](#)

[Suggest an IT Improvement](#) | © UC Regents

\*//-->

---

**Source URL:** <https://it.ucsf.edu/services/electronic-signature/additional/integrations>

**Links**

- [1] <https://www.docusign.net/Download/DocuSignPrintDriverInstaller.msi>
- [2] <https://10226ec94e53f4ca538f-0035e62ac0d194a46695a3b225d72cc8.ssl.cf2.rackcdn.com/quick-start-print-driver.pdf>
- [3] <https://www.docusign.com/solutions/microsoft>
- [4] <https://it.ucsf.edu/services/electronic-signature>