

# How-To Guide

## ClipGem Overlay Demo

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### **Overview**

The ClipGem Overlay Demo is useful for the developer trying to save a signed document as an image file. It is meant for documents that are proportional to 8.5 x 11-sized documents. Make sure that the images you use are of this proportion. The background image must be a BMP.

Download at: www.topazsystems.com/software/ClipGemOverlayDemo.zip



Start by opening ClipGemOverlayDemo.exe. The window below will appear.

🙀 Generate Topaz Signed Form as BMP	×
	Set Image To Background
	Clear Tablet
	Write BMP



Click "Set Image to Background" to view the form electronically.

γ Generate Topaz Signed Form as BMP	×
	Set Image To Background
PERSONAL VALUABLES: I hereby release the hospital from any responsibility for valuables, money, per- sonal or other possession which are not deposited with the hospital for safekeeping.	Clear Tablet
INPATIENT I acknowledge receipt of the letter(s) titled "An Important Message from and/or "An Important Message from " during my admission process if I have healthcare benefits through either of those programs. My signature only acknowledge my receipt of these messages from and does not waive any of my rights to request a review or make me liable for any payment.	Write BMP
PATIENT RIGHTS: If I am being admitted as an inpatient, I understand that I will receive information con- cerning my rights to accept or refuse medical treatment under the the right to have an advance directive such as a living will or health care power of attorney. I am not required to have an advanced directive in order to receive medical treatment at	
(Seal) (Seal) (Seal) (Seal) (Seal) Date Date Date	
The patient is a minor of years of age or is unable to sign because:	
(Seal) Responsible party Date Relationship	
Witness Date	
TELEPHONE PERMISSION FOR ABOVE TREATMENT:	
Person making call Date Time	
Person called Date Time Relationship to Patient	
Permission granted: YES / NO Remarks:	
Witness/Title	



#### Proceed to fill out the form.

FERSONAL VALUABLES: I hereby release the hospital from any responsibility for valuables, money, personal or other possession which are not deposited with the hospital for safekeeping.         INPATIENT       I acknowledge receipt of the letter(s) titled "An important Message from         minportant Message from       and/or "An Important Message from         request a review or make me liable to rany payment.         PATIENT RIGHTS: If I am being admitted as an inpatient, I understand that I will receive information concerning my rights to accept or refuse medical treatment under t1         the right to have an advance directive such as a living will or health care power of attorney. I am not required to have an advance directive such as a living will or health care power of attorney. I am not required to have an advance directive is no one. If I am registered as an outpatient, general micromation about patient rights has been made available to me.         Important Message from       Outpatient (if other than patient)         Signature of Patient       (Seal)         Important fights have been subject to made available to me.       If I am registered as an outpatient, general micromation about patient rights have been made available to me.         Important Message from       Outpatient (if other than patient)       Date         Important Message from       Outpatient rights have not made available to me.       Important made available to me.         Important Message from       Outpatient rights have not made available to me.       Important (if other than patient)       Date			
Important Message from	PERSONAL VALUABLES: I hereby release the hospital from any responsibility for valuables, money, per- sonal or other possession which are not deposited with the hospital for safekeeping.		
cerning my rights to accept or refuse medical treatment under the right to have an advance directive such as a living will or health care power of attorney. I am not required to have an advanced directive in order to receive medical treatment at	Important Message from and/or "An Important Message from "during my admission process if I have healthcare benefits through either of those programs. My signature only acknowledge my receipt of these messages from and does not waive any of my rights to		
The patient is a minor of $\angle$ years of age or is unable to sign because: $NA$ $A$ (Seal) $\Box$ Date Relationship Witness Date TELEPHONE PERMISSION FOR ABOVE TREATMENT: $EA$ SWATA $\frac{9}{72}$ $\frac{10 \cdot 00}{\text{Time}}$ AM Person making call Date Time Relationship to Patient	cerning my rights to accept or refuse medical treatment under the the right to have an advance directive such as a living will or health care power of attorney. I am not required to have an advanced directive in order to receive medical treatment at understand it is within my right to have one. If I am registered as an outpatient, general information about		
The patient is a minor of $\angle$ years of age or is unable to sign because: $A$ <td< td=""><td>Signature of Perfect (Seal) 9/22 (Seal) (Seal) Date</td></td<>	Signature of Perfect (Seal) 9/22 (Seal) (Seal) Date		
N/A       (Seal)       Date       Relationship         Witness       Date       Relationship         Witness       Date       Date         TELEPHONE PERMISSION FOR ABOVE TREATMENT: $10^{-}00$ AM         End Switth $9/72$ $10^{-}00$ AM         Person making call $9/72$ $10^{-}00$ AM         Smith $9/22$ $10^{-}00$ AM         Person called $9/22$ $10^{-}00$ AM         Date       Time       Relationship to Patient			
Witness Date TELEPHONE PERMISSION FOR ABOVE TREATMENT: <u>EASWETH</u> <u>1/22</u> <u>10:00</u> AM Person making call Date Time <u>SMCH</u> <u>9/22</u> <u>10:00 AM</u> Person called Date Time Relationship to Patient	The patient is a minor of $\swarrow$ years of age or is unable to sign because: $\checkmark$		
TELEPHONE PERMISSION FOR ABOVE TREATMENT: $ \begin{array}{c} \underline{Eat} \\ \underline{Eat}$	N/A (Seal) Responsible party Date Relationship		
TELEPHONE PERMISSION FOR ABOVE TREATMENT: $ \begin{array}{c} \underline{Eat} \\ \underline{Eat}$			
<u>Ea Smith</u> <u>9/22</u> <u>10:00</u> AM Person making call Date Time <u>Smith</u> <u>9/22</u> <u>10:00 AM</u> <u>Brother</u> Person called Date Time Relationship to Patient	witness Date		
Smith 9/22 10:00 AM Brother Person called Date Time Relationship to Patient	TELEPHONE PERMISSION FOR ABOVE TREATMENT:		
	<u>EA SWEEK 9/72 10:00</u> AM Person making call Date Time		
	Smith 9/22 10:00 AM BRother Person called Date Time Relationship to Patient		
Permission granted: (YES) / NO Remarks: ND 'N @	Permission granted: (YE3 / NO Remarks: ND 'N C		
DR Jones	DR Jones		
Witness/Title	Witness/Title		

When you are finished, click "Write BMP" to save the marriage of the pen data and the form as one image.



PLEASE NOTE:

You must copy the healthform.bmp and the healthform2.bmp to your root C:

There are also a few key elements to follow to ensure that the pen data lines up in a ClipGem app where you are overlaying pen ink on a BMP background:

- 1. The image(s) you use are proportional to 8.5 X 11. The sizes of the images in the demo are 569 x 736 and then also 1138 x 1472. These px sizes are directly proportional to 8.5 x 11. Any other proportion will result in non-aligned results.
- 2. The SigPlus objects you use are also set to the px widths/heights of your images. Make sure to set the form up for a scale mode of "pixel" (in VB6). Then, the height/width of SigPlus can be set to the image's px height/width. Note also that the ImageXSize and ImageYSize used at the end of the demo (this is the final size of the image) matches these values, too.
- 3. For easy printing, create a Word document containing the bmp used as the background for SigPlus. Import the BMP you are using as the background by going to "Import" → "Picture" → "From File in Word". Once added, format the Picture (under "Layout" → "Advanced") so that the "Lock Anchor" is not checked. Next, remove the margins in Word by dragging the horizontal and vertical margins (in the rulers on the left side and top) back to 0, 0. Finally, stretch the image to fit precisely the entire 8.5 x 11 area of the page in Word. When you print, be sure that you print the page with no borders, at true size (pixel for pixel). Word should automatically print correctly when you create the Word doc as I describe above. If a border is added during printing, the pen marks will not align with the image in SigPlus.

Why are there two images? The final image at the larger size should look good, qualitywise. However, because SigPlus must display the image at its true size, a larger size image will not fit in the SigPlus object on the screen...it's typically much too large. Use the smaller image as the display on your form in SigPlus1, and the larger image stays hidden in the SigPlus2 object, to write out your nicer, higher quality final image.



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Command1\_Click() is the code behind the "Set Image to the Background" button. The tablet is turned on, and the smaller bitmap "healthform.bmp" is displayed as a background object. Please note that the width and height of the image in pixels must match the width and height of the SigPlus object. SigPlus can only display at true image size.

Private Sub Command1\_Click() 'Set Image To Background' Button SigPlus1.TabletState = 1 SigPlus1.DisplayWindowRes = True 'set up for VB imaging

'set same size as the image's px width/height SigPlus1.Width = 569 SigPlus1.Height = 736

'set image background SigPlus1.SetBackground "c:\healthform.bmp", 0 End Sub

Command2\_Click() is the code behind the "Clear Tablet" button. This sub clears the pen data.

Private Sub Command2\_Click() 'Clear Tablet' Button SigPlus1.ClearTablet End Sub

Command3\_Click() is the code behind the "Write BMP" button and is used to save an image which contains both the form data and pen data. The larger "healthform2.bmp" will be used instead of the smaller "healthform.bmp" as the background. "Healthform.bmp" was used initially so the entire document could be viewed at once while filling out the form. The larger "healthform2.bmp" is the final product, and the pen data is automatically reformatted to fit the larger form. This is then saved as "healthformsigned.bmp" which will have a higher resolution.

```
Private Sub Command3 Click()
'Write BMP' button
SigPlus1.TabletState = 0
SigPlus2.TabletState = 1
SigPlus2.DisplayWindowRes = True
'uses a larger BMP size so the resolution of the final image is better
SigPlus2.SetBackground "c:\healthform2.bmp", 0
SigPlus2.Width = 1138
SigPlus2.Height = 1472
SigPlus2.ImageXSize = 1138
SigPlus2.ImageYSize = 1472
SigPlus2.ImagePenWidth = 8
SigPlus2.SigString = SigPlus1.SigString
'set signature from SigPlus1 to SigPlus2
SigPlus2.WriteImageFile "C:\healthformsigned.bmp"
MsgBox "BMP saved to C:\healthformsigned.bmp", okOnly + vbInformation, "Save
Results"
End Sub
```