This DATA TRANSFER AGREEMENT (THIS “Agreement) is made as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(the “Effective Date”), by and between ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** (“PHYSICIAN OR PRACTICE NAME”) and Abeo Solutions, Inc., developers of Crystal Practice Management.

BACKGROUND STATEMENTS

Purpose: The purpose of this Agreement to insure the data transfer from the office’s existing software data and Crystal Practice Management has been evaluated and accepted by the office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT**

The Parties hereby agree to the following:

This Agreement authorizes Crystal Practice Management to complete the live data transfer from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of previous software ) to Crystal Practice Management.

By signing this agreement I am stating that I have reviewed the evaluation version of the data transfer and am satisfied with it. I understand that any additional changes to my data after the transfer will only be provided at an additional charge.

**PHYSICIAN OR PRACTICE:**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you, and Welcome to Crystal Practice Management!