

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!

