

**There is an agreement between these parties:**

**Dentist transferring his patient records**

Doctor \_\_\_\_\_ license n° \_\_\_\_\_

practicing at \_\_\_\_\_

and domiciled at \_\_\_\_\_

**transfers the patient records of the clinic located at:**

\_\_\_\_\_

**Transferee**

Doctor \_\_\_\_\_ license n° \_\_\_\_\_

practicing at \_\_\_\_\_

and domiciled at \_\_\_\_\_

**The parties agree to the following:**

- The dentist transferring his patient records to practice has confirmed his will to do so;
- The transferee agrees to keep the records of the dentist making the transfer in accordance with to the provisions of the above-mentioned Regulation, which is attached and becomes an integral part of this agreement as if it were reproduced in its entirety;
- The transferee promises to keep the records transferred to him in accordance with the provisions of the above-mentioned Regulation.

**Effective date for the transfer of the records:** \_\_\_\_\_

Year / month / day

WHEREOF the parties have signed this agreement in three copies (of which one copy is to be sent to the Secretary of the *Ordre des dentistes du Québec* by the dentist transferring his patient records

At \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_  
(city) (date) (month) (year)

\_\_\_\_\_  
**Dentist transferring his patient records**

\_\_\_\_\_  
**Transferee**