SCHEDULE XII

Notice from a practising physician requiring a change of address

To the Registrar,

Col. of Phys. and Surgeons.

Sir : —

I, the undersigned, declare that my name is... ... .that I
(name in full) (residence)

was admitted to practice as physician and surgeon by the College of Physicians and Surgeons of the Province of Quebec and that I have practiced and resided at..... that since the .....day of the month of ....I have been residing at ..... where I intend to practice and reside in the future.

Date.....

Signature.....