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Woodbridge, VA 22192
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Mala A. Britto, DDS, MS
Board Certified Pediatric Dentist

Policy for Missed Appointments

________________________ (Child's Name) ______________ (DOB)

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________________________ (Child's Name) ______________ (DOB)

I ________________________, have been informed by the office of Britto's
(Parent or legal guardian)

Children's Dentistry that the office requires a 24-hour notice of all appointment changes and cancellations.

I understand that I will be charged $50 per missed appointment.

I also understand that if I have multiple children scheduled, each missed appointment will be charged $50.

Four missed appointments in a family will result in being discharged from the practice.

________________________ ______________
(Signature of Parent/Guardian) (Date)

____
(Print Name)

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