

Guarantor (Responsible Party) Information for patient _____

Name _____

Address _____

City _____ State _____ Zip _____

Employer _____ Soc Sec # _____

Daytime Phone # _____ (H W C)

SIGNATURE _____

Please send this completed form with your child to their dental visit.

Form can also be: Faxed 402-392-0729 / e-mailed info@smilesonline.net / or mailed to
NICD - 10020 Nicholas St – Ste-200 - Omaha, NE 68114