

**SMILECREATOR of  
Bingham Farms<sup>SM</sup>**



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**COVID-19 Pandemic Dental Treatment Consent Form**

*Please acknowledge and sign below:*

- \_\_\_\_\_ I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.
- \_\_\_\_\_ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.
- \_\_\_\_\_ Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.
- \_\_\_\_\_ I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office.
- \_\_\_\_\_ I understand that air travel significantly increases my risk of contracting and transmitting COVID-19 virus. The CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with dentistry.

\_\_\_\_\_  
Print Name of Patient, Parent, Guardian, or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient, Parent, Guardian, or Personal Representative

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor