

Piercer _____

Left	
Right	
Piercer Notes	LAST 4 DIGITS OF CUSTOMER PHOTO ID OR PARENT/LEGAL GUARDIAN ID (PASSPORT/DRIVER'S LICENSE/STATE ISSUED ID/MILITARY ID)

internal office use only



EAR PIERCING CONSENT FORM

DATE OF PROCEDURE: _____ **HOW DID YOU HEAR ABOUT US:** _____

PARENT/LEGAL GUARDIAN NAME (IF YOU ARE UNDER 18): _____

CUSTOMER NAME: _____ **DATE OF BIRTH:** _____

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

I acknowledge by signing this consent form that I have been given the full opportunity to review it and ask any questions I have about obtaining ear piercing services from **Leo West LLC**. and all such questions have been answered to my full and total satisfaction. I agree to provide accurate information about the matters set forth below and I consent as follows:

(PLEASE INITIAL TO INDICATE CONSENT TO EACH OF THE FOLLOWING. PARENT/LEGAL GUARDIAN PLEASE INITIAL ON BEHALF OF MINOR TO CONSENT TO EACH OF THE FOLLOWING REPRESENTATIONS ABOUT THE MINOR OBTAINING THE PIERCINGS.)

___ I am neither pregnant nor nursing.

___ I acknowledge that if I am taking blood-thinning medications, antibiotics, am diabetic, or have a history of infection or any other medical problems that ear piercing may carry a greater risk for me and I have consulted a physician before obtaining ear piercing services from **Leo West LLC**.

___ I have advised **Leo West LLC** of any allergies to metals, latex gloves, soaps, and medications. I acknowledge it is not reasonably possible for the piercer to determine whether I might have an allergic reaction to the piercing or processes involved in the piercing and further acknowledge that such a reaction is possible.

___ I have faithfully represented to **Leo West LLC** that I am over the age of 18 years or have a parent or legal guardian present if a minor. I am not under the influence of drugs or alcohol. To my knowledge, I do not have any physical, mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a piercing done at this time.

___ I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change to my appearance, and that no representation has been made to me as to the ability to later restore the skin involved in this piercing to its pre-piercing condition.

___ I acknowledge that despite the piercer's best effort and my proper after care, **infection is always possible** as a result of obtaining a piercing. I have received aftercare instructions and I agree to follow all of them while my piercing is healing. I understand that after care is solely my responsibility and that **LEO WEST LLC** will not be able to monitor it.

___ I understand that my ears will be pierced using appropriate instruments, such as single-use, pre-sterilized solid needles (or the Inverness piercing system for children under 1 year of age obtaining piercings).

___ I understand that fees for the ear piercing will not be filed with my insurance. All payments for this service are due in full at this time and no refunds are offered.

___ I have agreed to this ear-piercing service with the understanding that ear piercing is a minor surgical procedure with similar risk to stitches or abscess drainage. I am fully aware that despite all precautions that are taken by **LEO WEST LLC** and my proper following of the aftercare instructions, the potential for infections exists. It is also possible that one of the following complications may occur as a result of obtaining ear-piercing services:

Persistent Redness, Cellulitis, Swelling, Septicemia, Drainage, Keloids, Bleeding, Cauliflower Ear, Embedded Clasp/Earring, Pressure Sore, Local Infection, Scarring, Fainting, Allergic Reaction, Inflammation, Traumatic Injury.

Please seek immediate medical attention if you experience any of these symptoms.

___ I hereby assume all risks of loss or injuries of any kind associated with obtaining ear-piercing services from **LEO WEST LLC**.

___ I hold only myself liable and hereby releases and waives all claims against **LEO WEST LLC**, its agents, or employees that I may make as a result of obtaining ear-piercing services from **LEO WEST LLC**.

I have read and understand all the items listed above and agree to the terms. If the patient is a minor, then the undersigned certifies to Leo West LLC that the undersigned is the parent or legal guardian of the minor patient named above.

Signature: _____

Print Name: _____

If patient is a minor, Relationship to Patient: _____

Post Procedure Acknowledgement (to be filled out after piercing)

___ I have observed a **LEO WEST LLC** piercer switch to new disposable gloves for my ear-piercing services.

___ I have observed a **LEO WEST LLC** piercer clean my ear with a single-use disinfectant wipe before the piercing

___ I have observed a **LEO WEST LLC** piercer use a single-use, pre-sterilized needle, OR single-use pre-sterilized Inverness system piercing cartridge for my ear piercing.

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Date	Method	Note