

Red Carpet Luxury Spa
197 Main St Nanuet, N.Y. 10954
914.200.4121

Name _____ DOB _____ Date _____

Please initial:

I understand that ears will be pierced with pre-sterilized single-use medical grade plastic hypoallergenic surgical stainless steel ear studs and cubic zirconia.

I understand that ear piercing is a minor surgical procedure with similar risks to stitches and abscess drainage. Despite all precautions taken by Red Carpet Luxury Spa LLC and proper following of aftercare instructions, the potential for infection still exists. There is also potential that one of the following complications may occur as a result of ear piercing; persistent redness, swelling, drainage, bleeding, embedded clasp, local infection, cellulitis, blood poisoning, keloids, cauliflower ear, pressure sore, or traumatic injury. I will contact my primary doctor if any of these occur or are suspected to have occurred.

I understand that if taking blood thinning medications, antibiotics, steroids or antihistamines, ear piercing may carry a greater risk.

I attest that to the best of my knowledge none of the following conditions apply; high blood pressure, epilepsy, hemophilia or other bleeding disorders, a heart condition, or being pregnant.

I have read and understand the home care instructions and have received a copy for my reference. Home care of ear piercing is the responsibility of the client or parent once they leave the spa.

I have agreed to this ear piercing procedure and am fully aware of the potential risks and complications. I have read and understand all of the items listed above and agree to their terms. If the client is a minor, then the undersigned certifies to Red Carpet Luxury Spa LLC that the undersigned is the parent or legal guardian of the minor patient named above.

Signature: _____

Print name: _____

Relationship to patient: _____