



CLIENT PIERCING ACKNOWLEDGMENTS AND CONSENT

Date of service:_____

This section to be completed by Licensed Body Piercer

Piercer's Name:_____

Piercer's License Number:_____ License Expiration Date:_____

Piercing Type:_____

Piercing Site:_____

Jewelry Style:_____

Jewelry Size:_____

This section to be completed by Client (Please Print Clearly)

Client's Name: Last, First _____

Address:_____

City:_____ State:_____ Zip:_____

Phone: _____ [] Mobile [] Home

Date of Birth:_____

Are you a minor? [] Yes [] No

If yes, Parent/Guardian Initial:_____

Are you an emancipated minor? [] Yes [] No

If you are a minor or emancipated minor and the piercing type listed is for nipple piercing STOP HERE. Oregon Administrative Rule 331-900-0010 prohibits piercing of the nipples of any person under the age of 18, even with parental consent.

Please circle if you have any of the following:

Diabetes

Epilepsy

Hepatitis

Cold sores

Eczema

Fainting/Dizziness

HIV/AIDS

Breastfeeding

Metal Allergies

Psoriasis

Heart Condition

Other allergies:

Pregnant

Hemophilia

Continued on next page

Please include any other medical issues or skin conditions or diseases that may affect your piercing:

List any sensitivities to medications or topical solutions:

Informed consent- I have read the above information and have not knowingly omitted anything that may affect my piercing.

Client Name: _____ Date: _____

Procedures

_____ **General Body Piercing:** A piercing of the body that has a point of entry and a point of exit that is made for ornamentation or decoration. Jewelry may be inserted into the pierced opening for decoration and to prevent closure of the opening.

Risks: Any body piercing may become infected and may result in an allergic reaction to the jewelry. Certain parts of the body, for example the cartilage portions of the upper ear, may be more susceptible to infection as it is a less vascular area. Due to reduced blood flow, it has reduced exposure to immune system activity. Healing time range and care instructions are provided on your aftercare sheet that you received from your piercer. Neglecting appropriate aftercare may increase likelihood of infection and extend healing time. Scarring following removal of jewelry may be permanent. Some piercings may experience "piercing bumps". This is hypertrophic scarring and is usually temporary. This type of scarring is generally caused by movement of jewelry or catching the jewelry on something, causing a micro tear in the soft tissue. If you have experienced any keloid scarring or are susceptible to keloid formation, be aware that piercing procedures may result in keloid scarring.

_____ **Single Point Piercing:** Also known as "dermal anchor" or "micro dermal". This piercing consists of a pierced point of entry but not a point of exit. Specially designed jewelry is inserted into the pierced area and sits below the skin where it becomes anchored, leaving the jewelry exposed on the surface of the skin.

Risks: A single point piercing may become infected, with the risk of infections becoming greater depending on where on the body the piercing is located. There is the possibility of an allergic reaction. The process of piercing may damage the nerves along the area that it is pierced. The "anchor" portion of the jewelry may become embedded in the skin and need to be removed with a small incision. Scarring following the removal of the jewelry may be permanent. Healing time range and care instructions are provided on your aftercare sheet that you received from your piercer. Neglecting appropriate aftercare may increase likelihood of infection and extend healing time. Single point piercings have a higher rejection rate than other piercings.

Alternatives: As with any elective procedure, you have the option to choose a different procedure or to decline the procedure.

Note: OAR 331-900-0100 prohibits piercing of the genitals or nipples of a person under the age of 18, regardless of parental consent.

Continued on next page

©2023 Real Eye Zing Art, LLC | 203 S. 1st. St., St. Helens, OR 97051 | 503-396-5018

_____ A copy of the aftercare documents and informed consent have been provided in written and verbal form.

_____ I have trustfully represented to the piercer that I am over the age of 18 years old, and provided current photo identification as evidence. If a client is under the age of 18, the parent/legal guardian has done so.

_____ I am not under the influence of drugs or alcohol.

_____ I acknowledge that obtaining this piercing is my choice alone and will result in a permanent change to my body. 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 _____ have been fully informed of the risks of piercing including but not limited to infection, scarring, and allergic reactions to various piercing jewelry, latex gloves, and antibiotics. Having been informed of the potential risks associated with the piercing procedure, I still wish to proceed with the piercing and I waive all responsibility from Real Eye Zing Art, LLC and the piercer(s) who performed my piercing. I assume any and all risks that may arise from the piercing and absolve Real Eye Zing Art, LLC and the piercer(s) of any responsibility.

Client Signature* _____ Date: _____

***Legal guardian signature if client is under 18 years of age.**

Licensed Piercer Signature _____ Date: _____

The original signed consent form must be kept by the facility as part of the client's records. A copy of the signed consent form must be given upon request (OAR 331-900-0110) Body piercer must retain all documentation above for a minimum of three years.