

# **BELIEVERS INK,LLC PIERCING CONSENT FORM**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_ or **911**

In case of an emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ or **911**

**Medical History** If you answer yes to any of the questions please explain on the following line.

Do you have any allergies? **YES or NO** (circle one) \_\_\_\_\_

Do you have any bleeding disorders? **YES or NO** (circle one) \_\_\_\_\_

Do you have any diseases such as HIV, Hepatitis, or Diabetes? **YES or NO** (circle one)

EXPLAIN: \_\_\_\_\_

Are you pregnant? **YES or NO** (circle one) \_\_\_\_\_ months

## **Risks and Complications**

The majority of piercing complications come from improper care after the piercing. Proper cleaning procedures will help the healing process and prevent infection. Piercings associated with the mouth or mouth area is subject to complications such as cracked or broken teeth. Some of the more common effects include: redness, swelling, fainting or lightheadedness, or an allergic reaction to the jewelry. If you have read and understand this please sign below. By signing below, you agree to follow the aftercare instructions we give you, you also agree to release Believers Ink LLC from any and all liability.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you wish to receive email communications? If so, please write your email on the following line.

EMAIL: \_\_\_\_\_

## **PIERCERS USE ONLY:**

Type of piercing: \_\_\_\_\_ Type of Jewelry: \_\_\_\_\_

Piercers name: \_\_\_\_\_ Signature: \_\_\_\_\_