

# SURFACE ANCHOR PIERCING RELEASE FORM

**TO INDUCE** \_\_\_\_\_ to surface anchor pierce my \_\_\_\_\_, and in consideration of its doing so, I hereby release \_\_\_\_\_ and its employees and agents, from all manner of liabilities, claims, actions and demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to have a surface anchor piercing performed.

**I FULLY UNDERSTAND** that any employee or agent of \_\_\_\_\_ when performing a surface anchor piercing does not act in the capacity of a medical professional. The suggestions made by any employee or agent of \_\_\_\_\_ are just suggestions. They are not to be construed or substituted for advice from a medical professional.

**I UNDERSTAND MY DERMAL ANCHOR PIERCING WILL BE PERFORMED** using appropriate instruments and techniques. To ensure proper healing of my surface anchor piercing, I agree to follow the suggestions outlined in the written surface anchor piercing-specific aftercare instructions provided to me until healing is complete. I understand that this type of surface anchor piercing usually takes 4 to 24 months to heal.

**I WILLINGLY SUBMIT TO THESE PROCEDURES**, with a full understanding of possible complications such as, but not limited to: infection, allergic reaction, rejection, and potential of surgical removal of the surface anchor piercing.

**I HAVE RECEIVED A COPY OF THE WRITTEN SURFACE ANCHOR PIERCING-SPECIFIC AFTERCARE INSTRUCTIONS**, which I have read and fully understand. I hereby assume full responsibility for aftercare and cleanliness. I understand that by having this surface anchor piercing performed that I am making a permanent change to my body and no claims have been made regarding the ability to undo the changes made. **I signed this release on** \_\_\_/\_\_\_/\_\_\_ **at** \_\_\_:\_\_\_ **am / pm.**

## PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MAY BETTER SERVE YOU

Have you eaten within the last 4 hours?	YES	NO
Have you had any alcoholic beverages in the last 8 hours?	YES	NO
Are you prone to fainting?	YES	NO
Are you prone to heavy bleeding?	YES	NO
Do you have to take antibiotics before seeing the dentist?	YES	NO
Have you taken aspirin, ibuprofen, or blood thinners within the last 24 hours?	YES	NO
Do you have a latex allergy?	YES	NO
Do you have any other allergies? If yes, what? _____	YES	NO
Are you pregnant?	YES	NO
Do you have any other conditions which might affect the healing of this piercing?	YES	NO
How did you hear about _____?		

## PLEASE PRINT THE FOLLOWING INFORMATION

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Signature \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

*By my signature above, I certify that I am 18 years of age or older. I further understand that providing false information or producing false documents stating my name and/or age to be other than correct, I am liable for prosecution.*

## DO NOT WRITE BELOW THIS LINE!

Photo ID/Type \_\_\_\_\_ ID # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_  
Name as Written on ID \_\_\_\_\_ Piercer \_\_\_\_\_  
Jewelry Inserted \_\_\_\_\_ Fee \$ \_\_\_\_\_  
Reaction \_\_\_\_\_ Time IN \_\_\_\_\_: \_\_\_\_\_ am / pm Time OUT \_\_\_\_\_: \_\_\_\_\_ am / pm

*I acknowledge that the sterilization method used was explained to my full satisfaction. I had the opportunity to ask questions regarding this surface anchor piercing procedure. All questions were answered to my satisfaction. All equipment used during the procedure was opened in front of me. I witnessed the disposal of the piercing needle(s) into a regulated sharps container. Both written and verbal aftercare instructions were provided.*

Piercer Initials \_\_\_\_\_ Client Initials \_\_\_\_\_