

107 N Maclay Ave, San Fernando, CA 91340  
Tel: (818) 697-8585 Fax: (888) 799-8585

## Ear Piercing Consent Form

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Relationship to patient \_\_\_\_\_ Date: \_\_\_\_\_

Initial below to indicate consent:

\_\_\_\_ I understand that fees for ear piercing will not be filed with insurance. All payments for this service are due at the time of the visit.

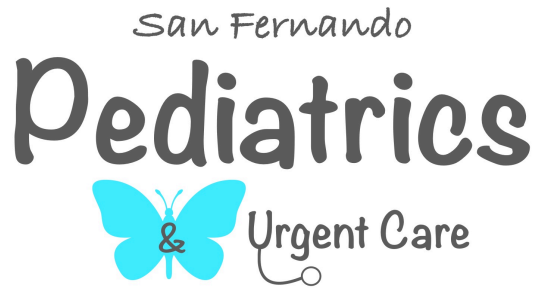
\_\_\_\_ I understand that my child's ears will be pierced with pre-sterilized, single use Blomdahl cartridges of medical-grade plastic or titanium.

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

\_\_\_\_ I attest that to the best of my knowledge, my child does not have high blood pressure, epilepsy, hemophilia or other bleeding disorders, a heart condition, or is pregnant.

\_\_\_\_ I understand that ear piercing is a minor surgical procedure. Despite all precautions taken by San Fernando Pediatrics & Urgent Care, and by 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 clasps, infection, cellulitis, blood poisoning, keloids, cauliflower ear, pressure sore, or traumatic injury. I will contact San Fernando Pediatrics & Urgent Care if any of these occur or are suspected to have occurred.

\_\_\_\_ I have read and understand the aftercare instructions and have received a copy for my reference. Aftercare of piercing is the responsibility of the patient or parent once they leave the office.



107 N Maclay Ave, San Fernando, CA 91340  
Tel: (818) 697-8585 Fax: (888) 799-8585

\_\_\_\_ I authorize and approved the location and position of the piercing on both ears.

\_\_\_\_ I have agreed to this ear piercing procedure, and am fully aware of the potential risks and complications.

**I have read, understand, and agree with all of the items listed above. If the patient is a minor, then the undersigned certifies to San Fernando Pediatrics & Urgent Care, under penalty of perjury that the undersigned is the parent or legal guardian of the minor patient named above.**

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_