Bridgewater
PEDIATRICS
www.bridgewaterpediatrics.com

EAR PIERCING CONSENT FORM

PATIENT NAME: _____ DATE OF BIRTH: _____

PLEASE INITIAL FOR CONSENT:

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

___ I understand that my ears will be pierced with pre-sterilized, single use golden titanium earrings.

___ I acknowledge that if I am taking blood thinning medications, antibiotics, steroids, or antihistamines that ear piercing may carry a greater risk for me.

___ I acknowledge that if I am diabetic, immune-compromised, have high blood pressure, am pregnant, have epilepsy, have hemophilia or other bleeding disorders, or have a heart condition that ear piercing may carry a greater risk for me.

___ I understand that ear piercing is a minor surgical procedure with similar risks to stitches or abscess drainage. Despite all precautions that are taken by Bridgewater Pediatrics and my proper following of aftercare, the potential for infection still exists. There is also the 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 (septicemia), keloids, cauliflower ear, pressure sore or traumatic injury. **You should contact the practice if you experience any of these symptoms.

___ I have read and understand the AFTER CARE INSTRUCTIONS and have received my copy for my reference. Aftercare of piercing is the responsibility of the patient or parent once they leave the office.

___ 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 patient is a minor, then the undersigned certifies to Bridgewater Pediatrics that the undersigned is the parent or legal guardian of the minor patient named above.

Signature: _____

Print Name: _____

Relationship to Patient: _____