



Medical Ear Piercing Procedure Consent

PATIENT NAME: _____ **DATE OF BIRTH:** _____

DATE OF PROCEDURE: _____

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 child's ears (or my ears) will be pierced with pre-sterilized, single use titanium or medical plastic crystal piercing earrings.

___ I, the undersigned, hereby certify that I am aware that there are risks inherent in ear piercing. 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 Busy Bee Pediatrics, Inc. and proper following of aftercare instructions, the potential for infection still exists. There is also the potential that any 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), keloid formation, cauliflower ear, pressure sore or traumatic injury. **Please contact us if any of these symptoms are experienced.

___ I acknowledge that my child (I am) in good health and do not have any medical conditions which would make it recommendable to refrain from ear piercing. If my child is under the age of three months I understand that it is required that they have received their first set of immunizations according to the CDC Vaccine Schedule: DTaP date: _____

___ I acknowledge that my child does (I do) not have a bleeding or clotting disorder, or other medical condition that would put them (me) at risk for serious complications.

___ I acknowledge that I have read and understand the AFTERCARE INSTRUCTIONS and have received a copy for reference. Aftercare of piercing is solely the responsibility of the patient and/or parent/guardian once leaving the office.

___ I, the undersigned, voluntarily agree to this ear piercing procedure for my minor child (or myself), and am fully aware of the potential risks and complications.

I have read and understand all of the items listed above and agree to the terms.

If the patient is a minor, then the undersigned certifies to Busy Bee Pediatrics, Inc. that the undersigned is the parent, or legal guardian of the minor patient named above

Signature: _____

Print Name: _____

Relationship to Patient: _____