



AAA PEDIATRICS
2200 Opitz Blvd. Suite 355
Woodbridge, VA 22191
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Ear Lobe Piercing Consent Form

Ear piercing will be carried out using an ear piercing device and pre-sterilized earring cartridge. No form of anesthetic will be used.

New piercings are susceptible to infection until healed. Aftercare of the piercing is the responsibility of the client once they leave the clinic. Clients are advised to follow the written aftercare advice provided.

Swelling, pain and infection are not a normal reaction to piercing and should be referred to your Doctor should they occur.

Risks associated with any piercing include blood poisoning (septicemia), localized infection, swelling, trauma and scarring.

Patient Details:

Name _____ D.O.B. _____ ID _____

Address _____

Telephone _____ Mobile _____

e-mail _____

I confirm that I give _____ my consent to carry out earlobe piercing and that the

Information given above is correct to the best of my knowledge and I will have regard for the verbal and written aftercare advice given to me.

Signature of Parent/Guardian if under 16 _____ Date _____

Print Name _____