

ORIANA TATTOO STUDIOS

BODY PIERCING

MEDICAL DISCLOSURE AND RELEASE FORM

Name _____
Date of Birth _____ Sex _____ Race _____ Age _____
Address _____ City _____ State _____ Zip _____ Phone _____
Email _____ Instagram/ twitter _____
Physician's Name _____ Address _____ Phone _____
Emergency Contact _____ Address _____ Phone _____

Do you have any allergies?

- Antibiotics Soaps
 Metals Cosmetics
 Latex Alcohol
 Other _____

Do you have a communicable disease?

- Hepatitis Herpes
 Tuberculosis HIV or AIDS
 Syphilis Staph
 Other _____

Are you subject to or are you currently?

- Pregnant Diabetic
 Hemophiliac Bleeding Disorders
 High blood pressure Heart Condition
 Skin condition Rashes
 Sensitive Skin Fainting or Dizziness
 Intravenous Drug User Other _____

Are you currently taking any medication?

Type _____

Do you have a medical or mental problem that we should know about? _____

Please read carefully:

You will be pierced using sterile, single use supplies, and sterile instruments and jewelry. The area will be disinfected. A piercing needle will be pushed through the skin, followed by the jewelry. The jewelry will be closed or fastened. Florida statute required that you be informed there are possible risks associated with body piercing. These risks include the possibility of infection, allergic reaction to metal in jewelry, damage to blood vessel requiring medical attention, and nerve damage leading to loss of sensation or muscle control. There are certain restrictions to follow after receiving certain types of body piercing. These restrictions are outlined in the aftercare instructions. Make sure you read and understand the care instructions and restrictions before getting your piercing. If you have any questions please ask your piercer.

Please sign here _____ Date _____

Please read carefully:

I hereby release Oriana Tattoo/Oriana Tattoo Academy/YL Technology security LLC. and its employees and agents from all manner and type of liability, claim, action, demand and compensation, in law and in equity, which I or my heirs have or might have, now or hereafter, by any reason of my request to be pierced. I realize that misrepresentation, or falsification of information provided by me is a crime and it is subject to prosecution. I further certify that I am an adult over the age of 18, am not intoxicated or under the influence of any drug, narcotic, or substance, and make these statements and agreement of free will and sound mind. I also agree to follow the procedures outlined for the proper care and healing of my piercing. This is a legally binding contract.

Signed _____ Date _____

To be filled out by Piercer:

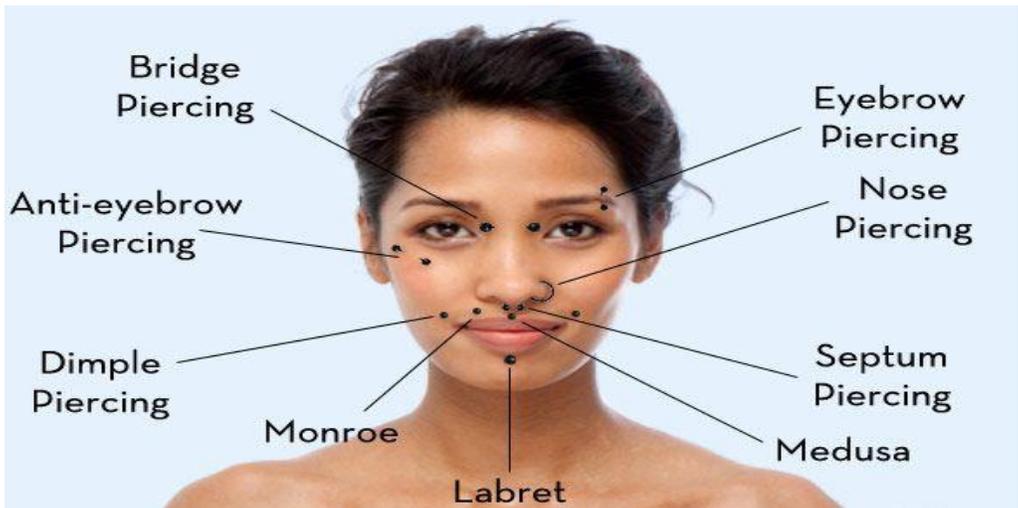
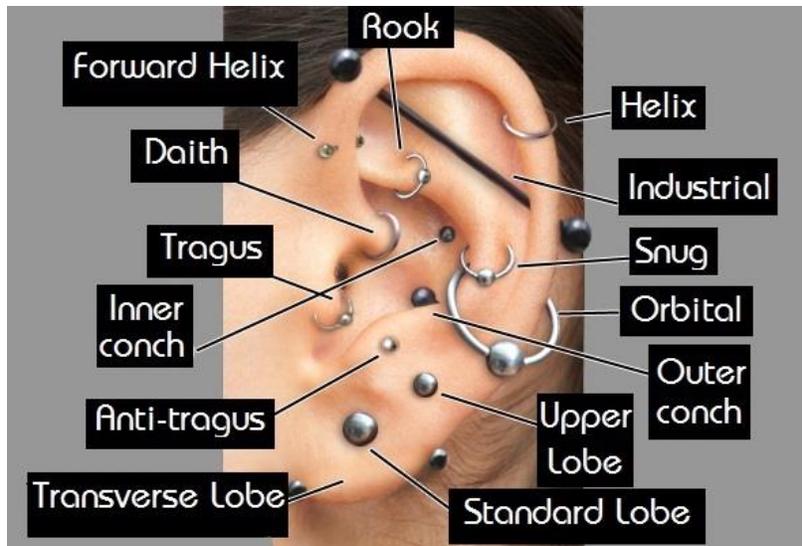
Name of Piercer _____ Type of piercing _____

Location on the body _____ Description of jewelry _____

Complications or Problems during procedure _____

Signature of Piercer _____ Date _____

Follow Up _____



Navel jewelry



Ear jewelry



Eyebrow jewelry



Labret jewelry



Lip jewelry



Nose jewelry



Tongue jewelry



Nipple jewelry



Bridge/Earl jewelry



Madonna jewelry