

# 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:

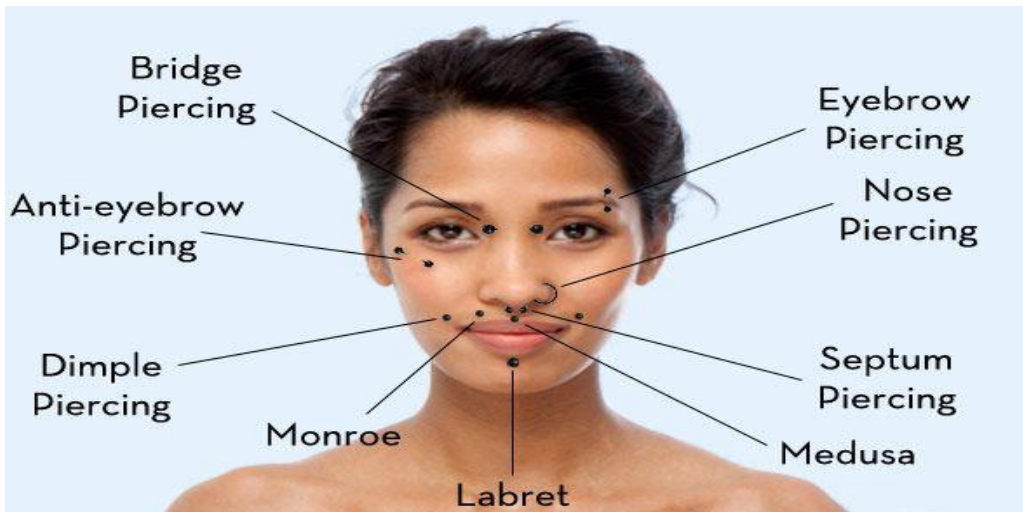
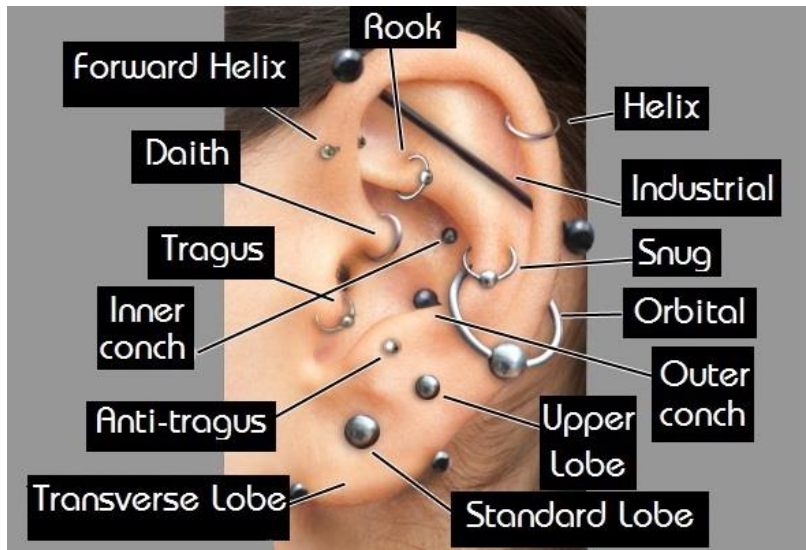
Name of Piercer \_\_\_\_\_ Type of piercing \_\_\_\_\_

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