

Informed Consent - Piercing

I, the undersigned
born in on
resident at in street
phone

Identified through the document (type of document)
number issued by
on date

The undersigned declares to have been informed that:

- a) To remove the effects of piercing, surgical interventions are necessary, which do not always guarantee the restoration of previous conditions;
- b) There are risks associated with this practice, such as the possible transmission of certain infectious diseases, including the human immunodeficiency virus (HIV - AIDS) and viral hepatitis B and C;
- c) As a consequence of the described treatments, inflammations, infections, allergies, temporary swelling, or possible temporary or permanent scars may occur;
- d) Piercings cannot be performed on skin with ongoing inflammatory processes;
- e) It is not recommended to get piercings during pregnancy or breastfeeding.

The undersigned declares:

- Having consciously and freely chosen the location and jewellery for the piercing;
- Committing to following the guidelines related to the healing period and being aware that not adhering to them may compromise the success and healing of the piercing itself;
- Having been informed of the duration of the healing period and the care required for the wound to significantly reduce the risk of infection and facilitate the healing of the piercing;
- Being aware of the possibility of rejection and that until full healing, an open wound will remain;
- Not having any conditions or allergies that prevent undergoing the piercing procedure;
- Having personally verified the cleanliness of the premises, the sterilisation of the equipment, and the use of disposable needles.
- Being aware that no guarantee or insurance is provided regarding the results of the procedure and assuming all risks associated with it;

I have had sufficient time and opportunity to examine and discuss the proposed procedure, obtaining satisfactory answers to my questions. Having no psychological or physical impediments that could influence my free choice, I consent to the piercing procedure:

Piercing Position
Needles Jewellery
.....
Piercer Technique

The undersigned also declares to have been informed of the specific precautions to be taken after having the piercing done and to have received the related written information.

By signing this form, I consent to the piercing procedure.

Place and Date

Signature

.....

.....

I agree to have the performed piercing photographed or filmed and I give my consent for any type of publication (paper, photo, web, etc.) by **La Primula Rossa di Frigerio G. & C s.n.c.**, or the professional who performed the work.

Signature

YES NO

Facebook

Instagram

.....

I agree to receive offers and promotional messages via electronic means and to subscribe to the **La Primula Rossa di Frigerio G. & C s.n.c.** newsletter.

YES NO

Signature

.....

