



Hearing Healthcare Professionals

Elena M. Schepis Tzeng, Au.D., CCC-A, FAAA

EAR PIERCING RELEASE

Patient Name: _____ DOB: _____ Date: _____

To be completed by Patient or Parent/Legal Guardian on Patient's behalf, if under 18 years of age:

Name: _____

Address: _____ Phone: _____

PHOTO ID OF PATIENT or PARENT/LEGAL GUARDIAN Driver's License State/Govt ID Military ID Passport

If customer is a minor, please check: I am the parent or legal guardian and I represent that I have the authority to take actions for this minor. My minor is 6 months or older and has received their first set of government recommended immunizations. Initials _____

PLEASE INITIAL THE FOLLOWING AND SIGN BELOW:

_____ I understand that my ears will be pierced with pre-sterilized, single-use ear piercing earrings that are packaged in sealed cartridges.

_____ I acknowledge that if I am taking blooding-thinning medications, antibiotics, have diabetes, am pregnant, have a history of infection or any other medical problem, ear piercing may carry a greater risk for me. I must consult a physician for approval before piercing.

_____ I understand that, despite HHPs best efforts and my proper after care, the potential for infection exists. Improper after care/hygiene, metal sensitivity, or other causes may increase the risk of infection. Additionally, ear piercing may result in the formation of cysts or keloids.

_____ I have read and understand the AFTER CARE PROCEDURES and received a copy for my reference.

_____ I understand that since HHP will not have the opportunity to monitor my at home after care, it is solely my responsibility to follow the AFTER CARE PROCEDURES provided at the time of the ear piercing.

_____ I have agreed to this ear-piercing procedure, I am fully aware of the potential risks and complications.

_____ I understand that there is an appointment fee of \$75 should we decide not to follow through with today's piercing.

_____ I understand HHP has the right to cancel the piercing for any reason should the situation become unsafe for either the patient, parents/guardians or HHP staff.

_____ I understand that HHP staff will not forcibly restrain a patient in order to pierce.

_____ I understand that HHP will do their best to pierce in the marked position, however adequate placement is directly dependent on patient cooperation.

AGREEMENTS & RELEASE OF LIABILITY/WAIVER OF CLAIMS:

Hearing Healthcare Professionals, LLC uses a safe hygienic ear-piercing procedure. However, improper care of newly pierced ears on my part, or other causes, can lead to problems over which HHP has no control. I, the undersigned, acknowledge that I am aware that ear piercing carries some risks. These risks include, but are not limited to: infection, metal sensitivity, allergic reactions, inflammation, embedding, scarring, fainting and other complications. I voluntarily agree to this ear-piercing procedure, for myself or my minor child, fully aware of the potential risks and complications. In addition, I hereby assume all risks of loss or injury of any kind whatsoever that may be associated with ear piercing.

In signing this RELEASE OF LIABILITY/WAIVER OF CLAIMS, I hereby acknowledge and represent that:

- I have read this release of liability/waiver of claims, understand it and sign it voluntarily.
- I am over 18 years of age or am the parent/guardian of a minor under 18 years of age, and I hold only myself liable and hereby release and waive any and all claims that I may have against Hearing Healthcare Professionals, LLC.
- I further agree that should I, my child, or anyone else make a claim against Hearing Healthcare Professionals, LLC for compensation for damages or harm allegedly incurred because of negligence of Hearing Healthcare Professionals, LLC, I shall indemnify and hold Hearing Healthcare Professionals, LLC harmless against all such claims and associated costs, including attorney fees HHP incurs in defending against such claims.

Print Name _____ Parent Legal Guardian

Signature _____ Date _____



Hearing Healthcare Professionals

Elena M. Schepis Tzeng, Au.D., CCC-A, FAAA

AFTER CARE INSTRUCTIONS

Your piercing has been performed under hygienic conditions with high quality ear piercing earrings. In order to obtain optimal results, please follow the steps below.

- A. Thoroughly cleanse your hands with soap prior to any contact with your newly pierced ears. DO NOT remove the piercing earring. DO NOT handle your ears or your piercing unnecessarily.
- B. Cleanse the front and back of your ears 3 times a day by liberally applying After Care Cleansing Solution with a saturated cotton ball or cotton swab, without removing the piercing earrings. With each cleaning, gently slide the piercing earring back and forth in your ear so the product will go inside the piercing. Then gently rotate the piercing earrings a partial turn, both forwards and backwards, 2-3 times.
- C. Leave the piercing earrings in your ears for 8 weeks. After 8 weeks, the piercing earrings can be removed and other good quality post type earrings can be inserted. Earrings must be worn at all times for the first 8-12 months to ensure that your ear piercing will remain the proper size.

POINTS OF CAUTION

1. Keep hair, hair spray, soap, shampoo and other hair products, cosmetics, perfumes or similar types of preparations away from the newly pierced ear.
2. After shampooing, exercising, swimming, hot tubs, saunas, or use of any of the above products, cleanse your ears with your standard solution or saline.
3. Take extra care when putting on or removing clothing, brushing hair, sleeping, talking on the telephone, or wearing headphones/headsets so that the newly pierced ear does not get irritated.
4. Pain, redness or swelling that exists for more than 24 hours after a piercing is NOT a normal result of the ear piercing. Persistent or recurrent redness or swelling may indicate that your body may not tolerate a foreign object in the skin, as such you may be unable to wear pierced earrings. Consult your physician.
5. Ear piercings that are too tight can cause embeddings and infection. An embedded piercing looks like the earring is beginning to disappear into the ear and the surrounding area is swollen and red. Always ensure that the clutch back is correctly situated along the post at the safety notch. The clutch back should never be pushed up along the post causing the lobe to be squeezed between the front and back of the earring. **Each time you cleanse the ear piercing, check for any sign of embedding, swelling, infection, discharge, or redness. Should any of these conditions appear, immediately consult your physician.**

AFTER CARE AGREEMENT

I understand that I must carefully follow all AFTER CARE PROCEDURES, agree to do so, and hereby release HHP from any and all claims that I may have as a result of my failure to carefully follow all PROCEDURES.

Print Name _____ Parent Legal Guardian

Signature _____ Date _____