

Agreement for a Piercing



Dear Customer!

At Millennium Piercing & Tattoo your piercing is done by accredited medically trained persons. We meet the hygiene standards, set by state rulings dated May 10, 1988 and we follow those very strictly.

Every skin injury brings the danger of inflammation (can cause blood poisoning if it is not treated) until the body builds a protective skin around the injury.

General risks and complications can be allergic reactions, blood loss, thrombosis, circulation shock, unintentional injury of tendons, muscles, nerves and blood vessels with function failure. Complications like bruises, swelling, infection, after bleeding, scarring, weather sensibility, wound healing problems, stretch feelings and allergies to unknown materials can occur after getting a piercing.

Until the injury is completely healed you should avoid every bodily exercise that causes very profuse sweating because sweat carries and promotes bacterial infections.

People with physical injury, like heart illness, blood sickness, metal allergies or infections, that consume blood thinning medicine, alcohol or drugs, or have chosen a medical delicate placement for the piercing, are advised against getting a piercing.

To avoid bacteria of getting in the fresh wound, you should remove any drainage with a Q-tip soaked in disinfection daily, and recover the piercing with a bandage for the first three days. After three to four weeks the jewel can be removed for total cleaning. Clean the skin area, soak the jewel in alcohol and replace it through the skin canal. Regularly the wound is healed (depending on the piercing) after four to six weeks.

Please be aware that the pierced area will take at least six months to heal completely.

The danger with an oral piercing is the possibility to swallow or choke the piercing, in that case you should consult a doctor immediately.

Please Turn

Agreement for a Piercing

Own Statements:

Name Last Name

Street ZIP/City

Date of Birth Phone number

- | | | | | |
|--|--------------------------------|-------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Bellybutton | <input type="checkbox"/> Stick | <input type="checkbox"/> Ring | | <input type="checkbox"/> 1,6 mm |
| <input type="checkbox"/> Eyebrow | <input type="checkbox"/> Stick | <input type="checkbox"/> Ring | <input type="checkbox"/> 1,2 mm | <input type="checkbox"/> 1,6 mm |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Stick | <input type="checkbox"/> Ring | <input type="checkbox"/> 1,2 mm | <input type="checkbox"/> 1,6 mm |
| <input type="checkbox"/> Labial Frenulum | | <input type="checkbox"/> Ring | <input type="checkbox"/> 1,2 mm | |
| <input type="checkbox"/> Nippel | <input type="checkbox"/> Stick | <input type="checkbox"/> Ring | <input type="checkbox"/> 1,2 mm | <input type="checkbox"/> 1,6 mm |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Stick | <input type="checkbox"/> Ring | <input type="checkbox"/> 1,2 mm | <input type="checkbox"/> 1,6 mm |
| <input type="checkbox"/> Lip | <input type="checkbox"/> Stick | <input type="checkbox"/> Ring | <input type="checkbox"/> 1,2 mm | <input type="checkbox"/> 1,6 mm |
| <input type="checkbox"/> Tongue | <input type="checkbox"/> Stick | | | <input type="checkbox"/> 1,6 mm |
| <input type="checkbox"/> Intimate area | <input type="checkbox"/> Stick | <input type="checkbox"/> Ring | <input type="checkbox"/> 1,2 mm | <input type="checkbox"/> 1,6 mm |
| <input type="checkbox"/> Other placement | <input type="checkbox"/> Stick | <input type="checkbox"/> Ring | <input type="checkbox"/> 1,2 mm | <input type="checkbox"/> 1,6 mm |

Please cross where applicable:

- | | | |
|---|-----------------------------------|---------------------------------------|
| A allergie test by a doctor upon my own wish: | <input type="checkbox"/> realized | <input type="checkbox"/> not realized |
| Pregnancy | <input type="checkbox"/> Yes | <input type="checkbox"/> no |
| Hepatitis A, B or C | <input type="checkbox"/> Yes | <input type="checkbox"/> no |
| HIV-Sickness | <input type="checkbox"/> Yes | <input type="checkbox"/> no |
| Medication witch does not allow Tattooing
(as Blood Thinner) | <input type="checkbox"/> Yes | <input type="checkbox"/> no |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> no |
| Tend to scare | <input type="checkbox"/> Yes | <input type="checkbox"/> no |
| Infections on the Tattoo area | <input type="checkbox"/> Yes | <input type="checkbox"/> no |
| Bleeder | <input type="checkbox"/> Yes | <input type="checkbox"/> no |
| I did NOT consume Alcohol or Drugs | | <input type="checkbox"/> correct |
| Skin Disease (wie z. B. Neurodermatitis, Psoriasis, and so on.) | <input type="checkbox"/> Yes | <input type="checkbox"/> no |

With my Signature I confirm that my data is correct and that i read and understood the Piercing Agreement, and also that I filled out the form to the best of my belief.

I read and understood the aftercare for my piercing and also the aftercare was explained to me. The aftercare note was handed out to me.

I have no rights to sue millennium tattoo if any complications occur during the piercing process. I have been informed that I am responsible for the proper care and treatment of my piercing.

Place, date signature [for minors also the signature of the legal guardian]