

## **Surface-to-Surface Piercing Assessment and Information Form**

I, \_\_\_\_\_, have been informed of, and understand, the potential risks associated with a surface-to-surface piercing. I have had the opportunity to ask any, and all, questions that I have regarding this piercing. I understand that no guarantees have been made regarding the healing of this piercing.

Risks associated with his piercing include, but are not limited to:

### Client's Initials

- \_\_\_\_\_ Bleeding
- \_\_\_\_\_ Infection, potentially serious
- \_\_\_\_\_ Migration/rejection
- \_\_\_\_\_ Scarring, potentially serious.

I understand that this, and all piercings, constitute a permanent change to my body and no claims have been made regarding the ability to return my body to its original condition.

### Piercer's Comments

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Client's Name (Printed)

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Client's Signature

\_\_\_\_\_  
Date Signed