

Date: \_\_\_\_\_

Store Name: \_\_\_\_\_

Store Address/Stamp: \_\_\_\_\_

Store Telephone: \_\_\_\_\_

Sterilization Lot Number: \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Has had their first series of shots?  YES  NO

Verification of age if required: \_\_\_\_\_

Customer Address: \_\_\_\_\_

\_\_\_\_\_

Customer Telephone: \_\_\_\_\_

Please accept my application for my ears to be pierced. I have read and understand the following information which is of considerable importance in taking precautions to avoid any possible problems arising from the treatment. By my signature below, I truthfully declare the following:

I am not under the care of my doctor for any condition which should prohibit me from having my ears pierced.

Should I be under the care of a doctor, e.g. pregnant, I have my doctor's permission to have my ears pierced.

I am not suffer from Diabetes, Epilepsy, Hepatitis, HIV, Haemophilia Dizziness or any heart condition and I am not taking any blood thinning medication.

I am not under the influence of drugs or alcohol.

I have been given a copy of the STUDEX® Ear Care Procedure, which I have read and understand.

I understand that the Ear Care Procedure varies depending on whether the piercing is of the ear lobe or the ear cartilage. I have noted the differences.

I understand that the possibility of infection may exist due to improper hygiene, metal sensitivity or other causes, however the most common is due to a failure to follow carefully the recommended Ear Care Procedure.

I understand and accept that ear piercing in the cartilage may carry a greater possible risk of redness, swelling and infection due to the nature of piercing this area of the ear and/or improper hygiene/after care, which may result in permanent damage to the pierced cartilage area of the ear and I knowingly accept this risk.

I understand that due to the nature of ear piercing, exposure of newly pierced ear to certain environments such as swimming and participation in athletic events (exercising) may increase the likelihood of infection.

I therefore undertake to follow carefully Ear Care Procedure.

I have been informed that my ears will be pierced with sterile ear piercing studs.

I am over the age of consent or given on behalf of a minor, under the age of consent, that I am the parent or legal guardian of such minor. I understand that a minor signing as an adult commits a act of fraud.

**By signing** this EAR PIERCING APPLICATION /RELEASE FORM I **certify** that I understand the Ear Care Procedure and the risk of infection if not faithfully followed. Understanding the risks I consent to having my ear(s) pierced by an employee of this store and as consideration for the store agreeing to pierce my ear(s) and to the extent permissible by law I willfully assume all responsibility for injury or loss, of any kind, that may be associated with this ear piercing procedure.

If signing as parent or legal guardian on behalf of a minor, I will hold myself liable and will indemnify the store and manufacturer in the event such minor makes a claim as a result of the ear piercing procedure. I further understand that making a false statement constitutes an act of fraud.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_

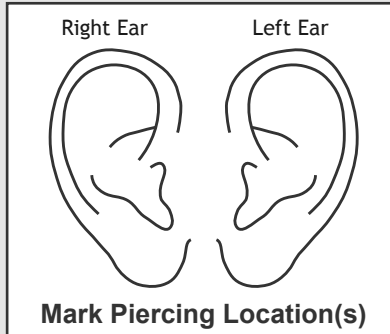
Parent/Guardian Signature required if under age of consent  
store copy



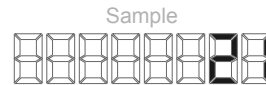
STUDEX®

# EAR PIERCING APPLICATION

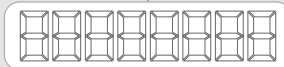
ONLY VALID WHEN USING GENUINE STUDEX PRODUCTS



Attach here tyvek paper (from the back of earring cartridge) showing sterilization lot number!



Shade numbers in squares below



Control Number (match with customer copy)

STUDEX®

## EAR CARE PROCEDURE & TIPS

ONLY VALID WHEN USING GENUINE STUDEX PRODUCTS

**By my signature below I declare that I have read and understand the following information:**

Wash hands thoroughly before touching studs or ear.

Cleanse front and back of the ear 2 times a day with STUDEX® Ear Care Solution without removing studs. Then rotate studs 2 or 3 times, 180° left and 180° right, i.e. 1/2 turns only, thus avoiding hair wrapping around the post at the back of the lobe. In between cleansing, the ear should be kept DRY.

Keep hair spray, soap, shampoo and other preparations away from the ear. After shampooing, the ear should be rinsed with clear water and then cleansed with STUDEX® Ear Care Solution as described above.

The pierced area should be CLEANSED with STUDEX® Ear Care Solution then kept DRY, especially after swimming or exercise.

**DO NOT:**

Remove the studs.

Handle your ears and/or studs unnecessarily.

Push the butterfly along the post towards the ear - the butterfly must always be positioned at the tip of the post. Feel the position each time you clean the ear - it must feel smooth. This ensures that the earring remains LOOSE during the healing period. This is essential as tight earrings may lead to infection.

**EAR LOBE:**

Leave studs on ears for 6 weeks continuously.

After 6 weeks, the stud can be removed and other post-type earrings may be worn continuously.

Use only post style earrings continuously for the first 6 months from piercing. The post should be surgical stainless steel or other hypoallergenic material.

Minor pain/redness may occur immediately - this is normal. This will settle within 48 hours provided proper after care is carried out. If undue pain/swelling/redness occurs, consult your doctor IMMEDIATELY. If infection has set in, do not remove the ear piercing stud until you have consulted your doctor.

**EAR CARTILAGE:**

Leave studs in ears for 12 weeks continuously.

After 12 weeks the stud can be removed and other post - type earrings may be worn continuously.

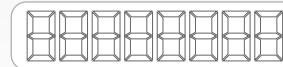
Use only post style earrings continuously for the first 12 months from piercing. The post should be surgical stainless steel or other hypoallergenic.

Due to the nature of ear cartilage, extra care should be observed during the healing period. Minor pain/redness may occur immediately - this is normal. This will settle within 48 hours provided proper after care is carried out. If undue pain/swelling/redness occurs, consult your doctor IMMEDIATELY. If infection has set in, do not remove the ear piercing stud until you have consulted your doctor.

**Note: Failure to properly follow aftercare procedures or to seek IMMEDIATE medical advice should a problem occur may result in permanent damage to the ear cartilage."**

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature required if under age of consent



Control Number (match with store copy)

customer copy

cut on dotted line

