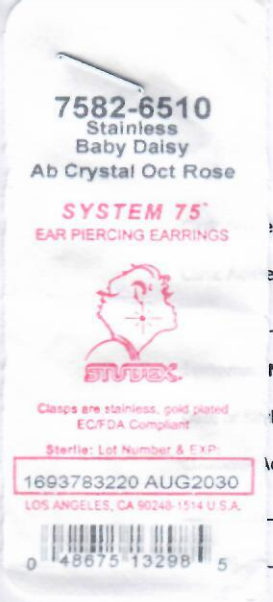

Piercing Consent Form

;: Peshawar medical center (Ishaa health care

ess; Ajman, Dubai.

Ctiy; Country;

Name: ~~Esh~~ Inshaal Fatima.

h: 08/04/2021 If under 24 months old, had their vaccination shots: Y N

ddress: 8/4/2021. Ajman.

0543449977. E-mail:

Sterilization Lot Number | | | | | | | | | Product Code: | | | | | | | | | | |

I hereby authorized to have my / my child / my grandchild _____to be pierced, I have read and understand the following information which is very important in limiting or reducing post piercing problems during aftercare. By my signature below, I declare the following;

- I /He / She is not under the care of Medical Doctor/s for any medical condition or otherwise prohibiting from piercing procedure.
- I / He/ She do not suffer from Diabetes, Epilepsy, Hepatitis, HIV / AIDS, Hemophilia, Dizziness or any heart condition, further not under the influence or regular prescribe medication such as blood thinning medication.
- I am not under the influence of drugs or alcohol. I am not pregnant.
- I have been informed about the piercing procedure and given a copy of piercing after care Instructions, which I have read and understand. I understand that after piercing care procedure varies depending on whether the piercing is of the ear lobe / ear cartilage / nose or belly / naval. I have noted the differences.
- I understand that the possibility or infection may exist due to improper hygiene, metal sensitivity or other causes, however the most common is due to a failure to carefully follow to recommend After Care Procedure.
- I understand and accept that ear piercing in the ear cartilage may carry a greater possible risk of redness, swelling and infection due to the nature of piercing the area of the ear and I knowingly accept this risk.
- I understand that due to the nature of the piercing, exposure of newly pierced area to certain environments such as swimming and participation in athletic events (exercising) may increase the likelihood of infection.
- I will follow Piercing after Care Procedure.
- In case of belly/naval piercing, I am aware that my skin/ body may reject the foreign metal causing for piercing to close.
- I am over the age of _____ or consent on behalf of a minor, under the age of consent, that I am the parent or legal guardian of such minor understand that a minor signing as commits an act of fraud.

By signing this Piercing Consent Form, I hereby acknowledge that I understand the AFTERCARE procedure and the risk of infection. Knowing the risks, I consent to having my/ daughter / son Inshaal. pierced by a medical professional of this clinic and as consideration for the clinic agreeing to pierce my or consent piercing 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 piercing procedure. If signing as parent or legal guardian on behalf of a minor, I will hold myself liable and will indemnify the clinic and its staff/s, manufacturer, importers, distributor, promoters and will I further understand that making a false statement constitutes an act of fraud.

_____ Date:_____

Customer/ Parent/ Legal guardian Signature (if customer is under the legal age, this must be signed by the parent or legal guardian)

_____ Date:_____

Medical Professional.

CLINIC COPY

Clinic file copy, keep safe for customer records, attached products sterilization reference here.