THE PAIN FACTORY
BODY ADORNMENT STUDIOS,
5 LAURENCE STREET, DROGHEDA
ph: 087 6966257
CONSENT FORM

I (PRINT NAME) _____ allow The Pain Factory to pierce my_____
I have requested this piercing of my own free will. I am aware that this procedure will be carried out under sterile conditions and that all instruments and jewellery used in this procedure have been autoclaved. I understand that infection can occur due to improper hygiene/aftercare or metal sensitivity and in rare instances piercings may grow out.

PERSONS UNDER 18 YEARS OF AGE MUST ENSURE PARENTAL CONSENT (ID MAY BE REQUESTED)

HAVE YOU CONTACTED COVID 19. HAVE YOU BEEN IN THE COMPANY OF A COVID 19 CARRIER DURING THE PAST 21 DAYS. (if yes ? please provide details)

I AM FREE FROM HEART DISEASE, CELLUTITIS, ECZEMA, IMPETIGO, GENITAL WARTS, FAINTING, HAEMOPHILIA, EPILEPSY, DIABETES AND HEPATITIS OR ANY OTHER DISORDER OR AILMENT.

I MUST ALERT THE PPIERCER OF ANY PLASTIC SURGERY OR ALLERGIC RESPONSES TO ANAESTHETICS, METAL SENSIVITITY, ADHESIVE, DRESSING OR PLLASTERS.

I AM AWARE THAT AFTER THE PIERCING, PERSONAL HYGIENE IS OF UTMOST IMPORTANCE.

I, AM NOT AT THIS TIME UNDER THE INFLUENCE OR ALCOLHOL AND/OR ILLEGAL SUBSTANCES.
I UNDERSTAND THAT SWELLING MAY OCCUR IN ANY ORAL PIERCING.

I AGREE TO FOLLOW THE AFTERCARE ARE INSTRUCTIONS AS GIVEN. I confirm that I have read and understand this consent form. Please print name
.(blockcapitals)Name_____Jewellerytype_____
Address_____
Phone No:_____Date of Birth:_____
Signature:_____Date:_____
Signature of parent (If under 18 years of age):_____
THE PAIN FACTORY BODY PIERCING AND TATTOO STUDIOS Opening Hours:
10:00am—6:00pm Monday-Saturday. Sunday by appointment
Website: www.painfactory.ie : Email: info@painfactory.ie :