BODY PIERCING CUSTOMER RECORD

(Please **<u>PRINT</u>** all information **<u>IN INK</u>**)

Use of this form is voluntary and not required by the Department of Health. The form is provided as a service to assist salons in complying with the record-keeping requirements of Chapter 64E-19, FAC.

Name:		
(Last)	(First)	(Middle)
Address:		
City, State, Zip:		
Telephone Number:		
Date of Birth:	(Race; write out):	(Sex):
Physician Name:		
Physician Address:		
Physician City, State, Zip:		
Physician Telephone Number:		
Emergency Contact Name:		
Emergency Contact Address:		
Emergency Contact City, State, Zip:_		
Emergency Contact Telephone Numb	er:	
List any allergies you have, including topical solutions used by this body pice		

Do you have a history of bleeding disorders?_____

[•] The establishment must obtain a written notarized consent statement before piercing a minor. If the minor is under the age of 16, the minor <u>also</u> must be accompanied by a parent or legal guardian.

[•] All customer records must be kept for at least two (2) years.

mer's Initial Visit:	Name:	
Date:	Body Part Pie	erced:
Description of Jewel	ry Used:	
	-	ng Piercing Procedure:
following and discus brief description of n before my piercing; 3	sed it with my piony piercing proce by piercing proce by A description bes; 4) Instruction	and written information about the ercer or the establishment operator: 1) A dure; 2) Any precautions for me to take of the risks and possible consequences of s for care and restrictions following my biercing of minors.
(Customer Signature)	(Date)	(Piercer/Operator Signature) (Date
(Printed Name	,	(Piercer Signature)
mer's Second Visit: Date: Description of Jewel	of Piercer) Name: Body Part P ry Used:	
mer's Second Visit: Date: Description of Jewel Description of any C Prior to my piercing, following and discus brief description of n before my piercing;	of Piercer) Name: Body Part P Ty Used: omplications duri I received verbal sed it with my piercing proce B) A description es; 4) Instruction	(Piercer Signature)
mer's Second Visit: Date: Description of Jewel Description of any C Prior to my piercing, following and discus brief description of n before my piercing; 3 body piercing service	of Piercer) Name: Body Part P Ty Used: omplications durf I received verbal sed it with my pie ty piercing proce A description trictions against p	(Piercer Signature)

ner's Third Visit:	Name:		
Date:	Body Part Pie	erced:	
Description of Jewel	ry Used:		
	-	ng Piercing Procedure:	
following and discus brief description of r before my piercing;	ased it with my pietmy piercing proceedA description ofes; 4) Instructions	and written information about the ercer or the establishment operator: dure; 2) Any precautions for me to of the risks and possible consequer s for care and restrictions following biercing of minors.	: 1) A o take nces of
(Customer Signature)	(Date)	(Piercer/Operator Signature)	(Date)
(Printed Name	of Piercer)	(Piercer Signature))
ner's Fourth Visit: Date:	Name: Body Part P	(Piercer Signature)	
ner's Fourth Visit: Date: Description of Jewel	Name: Body Part P ry Used:	ierced:	
ner's Fourth Visit: Date: Description of Jewel Description of any C Prior to my piercing, following and discus brief description of r before my piercing;	Name: Body Part P ry Used: complications duri , I received verbal sed it with my pie ny piercing procee 3) A description of es; 4) Instructions	ierced: ing Piercing Procedure: and written information about the ercer or the establishment operator: dure; 2) Any precautions for me to of the risks and possible consequer s for care and restrictions following	: 1) A o take nces of
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