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# WAIVER FORM for BODY PIERCING

PATIENT IDENTIFICATION

I \_\_\_\_\_ have been advised of the risk of refusal to  
remove any body piercing jewelry during my surgical procedure and wish to continue  
with my surgery. I am aware of the consequences and risks related to leaving such  
jewelry in place and am assuming these risks by not removing it. I have had the  
opportunity to ask questions related to these risks.

PRINT NAME

\_\_\_\_\_  
PATIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**PART OF THE MEDICAL RECORD**