



Consent Form (Dermal Anchor / Microdermal)

Studio: _____

Piercer: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Piercing Details

Placement: _____

Number of Anchors: _____

Anchor Base Style: _____

Jewelry Material: _____

Top Style: _____

- ☐ I approve the placement marked on my skin. I looked at it in a mirror and I'm happy with the location and spacing.

Please read and initial each item

- ☐ I confirm I meet the legal age requirement for this piercing.
- ☐ My identity and age will be verified with a valid photo ID.
- ☐ I understand a dermal anchor is placed through one small opening. The base sits under my skin, and the top attaches to it on the surface.
- ☐ I understand my body may push the anchor toward the surface or out completely. This is called rejection or migration. It can happen even after the piercing has healed.

- ☐ I understand anchors can catch on clothing, towels, hair, and bedding. Snagging can cause irritation, bleeding, or pull the anchor out. Spots that rub a lot carry more risk.
- ☐ I understand a dermal anchor must be removed by a professional piercer or a doctor. I won't try to remove it myself.
- ☐ I understand top changes should be done by my piercer, especially while healing. Changing the top too early or the wrong way can irritate or loosen the anchor.
- ☐ I understand a small scar may remain if the anchor is removed or rejects.
- ☐ I understand other risks include infection, keloid formation, allergic reaction, bumps around the site, and changes in nerve sensitivity.
- ☐ I understand that healing time varies and outcomes can't be guaranteed.
- ☐ I agree to follow all aftercare instructions provided to me.
- ☐ I had the chance to ask questions before the procedure.
- ☐ *(Optional)* I consent to documentation photos.
- ☐ The decision to get this piercing is my own, and I consent to the procedure.

Health and Safety Screening

- ☐ I am not under the influence of alcohol or drugs.
- ☐ I am feeling well today.

- **Known metal or material allergies?**

- ☐ Yes, describe: _____
- ☐ No

- **Blood-thinning medications or bleeding disorder?**

- ☐ Yes
- ☐ No

- **Keloid or raised (hypertrophic) scarring history?**

- ☐ Yes
- ☐ No

- **Diabetes?**

- ☐ Yes
- ☐ No

• **Immune system conditions or immunosuppressant medications?**

☐ Yes

☐ No

• **Pregnant or nursing?**

☐ Yes

☐ No

• **Skin conditions at or near the placement?**

☐ Yes, describe: _____

☐ No

Other health notes: _____

Client Signature: _____ **Date:** _____

Piercer/Staff Signature: _____ **Date:** _____