



# WHOLE PEDIATRICS GROUP

## MEDICAL-GRADE EAR PIERCING - INFORMED CONSENT

This form explains the ear piercing procedure, including risks, benefits, and aftercare requirements. Please read carefully and ask questions before signing.

### Patient Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ years Parent/Guardian Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### What is Medical-Grade Ear Piercing?

I use the **Blomdahl® Medical Ear Piercing System**, which is:

- ✓ Designed and manufactured in Sweden specifically for medical settings
- ✓ Sterile, single-use cartridges
- ✓ Medical-grade plastic starter earrings (hypoallergenic, nickel-free)
- ✓ Gentler on tissue than traditional piercing guns
- ✓ Lower infection risk compared to mall/retail piercing

**Medical-Grade Blomdahl® System**  
**Performed by Board-Certified Pediatrician**  
**Sterile Technique in Medical Setting**

### Medical-Grade vs. Mall/Retail Piercing

#### Medical-grade piercing (what I provide):

- ✓ Performed by licensed medical professional
- ✓ Sterile, single-use equipment
- ✓ Medical-grade, hypoallergenic jewelry
- ✓ Proper infection control and aftercare
- ✓ Ability to recognize and treat complications

#### Mall/retail piercing:

- △ Performed by non-medical personnel with minimal training
- △ Equipment often reused (higher contamination risk)
- △ Lower-quality jewelry (may contain nickel or allergens)

- △ Limited aftercare support
- △ Cannot treat medical complications

## This is an Elective Cosmetic Procedure

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**IMPORTANT:** Ear piercing is:

- • NOT medically necessary
- • A cosmetic procedure
- • Elective (you are choosing to do this)
- • Permanent (holes may not close completely even if earrings are removed)

## Child's Assent (Age 4 and Older)

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If your child is old enough to understand (typically age 4+), I will ask for their assent (agreement) before piercing.

**Your child should want their ears pierced.** This is not something I do if a child is crying, refusing, or clearly doesn't want it—even if you (the parent) want it.

- ☐ My child is age 4 or older and wants their ears pierced
- ☐ My child is under age 4 (parental decision only)
- ☐ My child is old enough to understand and has agreed to ear piercing

## Risks & Potential Complications

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Like any procedure, ear piercing carries risks:

### COMMON Risks (occur frequently):

- • Pain during and immediately after piercing
- • Redness and mild swelling for 1-2 days
- • Tenderness for several days
- • Minor bleeding or clear/yellowish drainage (normal healing)

### UNCOMMON Risks (occur occasionally):

- • Infection (bacterial or fungal)
- • Allergic reaction to earring material (even with hypoallergenic jewelry)
- • Keloid formation (thick, raised scar tissue)
- • Earring back becoming embedded in the earlobe

### RARE But Possible Risks:

- • Torn earlobe (from earring getting caught)
- • Severe allergic reaction
- • Nerve damage (extremely rare)
- • Cartilage damage (if accidentally pierced through cartilage instead of lobe)

### COSMETIC Risks:

- • Uneven placement (despite careful marking)
- • Dissatisfaction with appearance

- • Permanent holes (may remain visible even if you stop wearing earrings)
- • Migration of the hole over time

## Risk Factors That Increase Complications

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Your child may be at higher risk for complications if they have:

- ☐ History of keloid formation (thick scars)
- ☐ History of skin conditions (eczema, psoriasis)
- ☐ Immune system problems
- ☐ Bleeding disorders
- ☐ Known metal allergies (including nickel)
- ☐ Very young age (under 3 months)
- ☐ Poor wound healing history

**If you checked any of these boxes, we should discuss whether ear piercing is appropriate.**

## Alternatives to Medical Ear Piercing

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Your alternatives include:

- 1. Mall or jewelry store piercing** - Less expensive but higher risks (see comparison above)
- 2. Tattoo/piercing parlor** - May use needles (different technique), less appropriate for children
- 3. Waiting until your child is older** - They can make their own decision
- 4. Not piercing at all** - Clip-on earrings, magnetic earrings, or no earrings
- 5. Clip-on or magnetic earrings** - Non-permanent alternative

## Pain Management

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**I do NOT use numbing cream.**

**Why?**

- • Numbing creams are not very effective for this type of pain
- • They can cause skin reactions or allergies
- • They make the tissue swell, which makes accurate placement harder
- • The brief pain from piercing is usually less than the discomfort from prolonged numbing cream application

**What I do instead:**

- ✓ Work quickly and efficiently
- ✓ Use distraction techniques
- ✓ Allow deep breathing before piercing
- ✓ Pierce both ears quickly (if doing both) so pain is brief
- ✓ Provide comfort immediately after

The pain lasts only a few seconds during the piercing itself.

## The Piercing Process

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Here's what will happen:

- 1. I'll clean your child's earlobes with antiseptic
- 2. I'll mark the piercing location with a surgical marker (you'll approve placement)
- 3. Your child will sit still (you may hold them)
- 4. I'll pierce using the sterile Blomdahl system
- 5. Medical-grade plastic starter earrings will be immediately in place
- 6. I'll provide detailed aftercare instructions

The entire process takes about 5-10 minutes.

## Critical Aftercare Requirements

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**⚠ FOLLOWING AFTERCARE INSTRUCTIONS IS ESSENTIAL TO PREVENT INFECTION AND KELOIDS.**

### **YOU MUST:**

- ✓ Clean the piercings 2x daily with saline or antiseptic (as directed)
- ✓ Rotate the earrings gently during cleaning
- ✓ Keep hands away from ears unless cleaning
- ✓ Avoid swimming (pools, lakes, ocean) for 4-6 weeks
- ✓ Keep the starter earrings in for at least 6 weeks
- ✓ Avoid hair products, perfumes, or lotions near piercings during healing

**FAILURE TO FOLLOW AFTERCARE = HIGHER RISK OF INFECTION AND KELOIDS**

### **When to call me:**

- • Increasing redness, swelling, or pain after 48 hours
- • Yellow or green discharge (pus)
- • Foul odor
- • Fever
- • Thick scar tissue forming (keloid)
- • Earring back embedded in skin

## Jewelry Specifications

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### **Starter earrings (Blomdahl Medical Plastic):**

- • Medical-grade plastic
- • Nickel-free, hypoallergenic
- • Appropriate post length for healing
- • Must stay in for 6 weeks minimum

### **After 6 weeks, you may change to:**

- • Titanium, surgical steel, or 14K+ gold earrings
- • Nickel-free earrings only
- • Avoid costume jewelry or unknown metals for at least 6 months

## No Guarantees

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While I will use excellent technique and proper equipment, I cannot guarantee:

- • Perfect placement (ears are not always symmetric)
- • Symmetry between both ears
- • That you will be satisfied with appearance
- • That infections or keloids won't occur
- • That the holes will be exactly where you want them
- • That complications won't arise

Every child's ears are different, and healing varies by individual.

## Cost & Payment

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Ear piercing costs:

- **Both ears:** \$130 (member rate) / \$99 (promotional rate when available)
- **Single ear:** \$75 (member rate) / \$60 (promotional rate when available)

**This fee includes:**

- • The piercing procedure
- • Blomdahl medical-grade starter earrings
- • Aftercare instructions and supplies
- • One follow-up check (within 6 weeks)

Payment is due at time of service unless other arrangements have been made.

**This service is only available to active members of Whole Pediatrics Group.**

## Member-Only Service

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Ear piercing is available ONLY to active members of Whole Pediatrics Group who are current on membership fees.

**Why member-only?**

- • I need to know your child's medical history
- • I need to be available for follow-up and complications
- • This is a medical service, not just cosmetic
- • I need an established relationship with your family

## Revision or Re-Piercing

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If you're unhappy with placement or if a hole closes:

- • You must wait at least 8 weeks before re-piercing
- • Re-piercing requires an additional fee (not covered by original payment)
- • I cannot guarantee better placement on second attempt
- • Maximum 2 attempts—after that, you should see a specialist

## Your Decision

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This is YOUR decision as a parent. Ear piercing is:

- • NOT medically necessary
- • A cosmetic, elective procedure
- • A personal choice based on your family's values and culture
- • Permanent (holes may remain even without earrings)

## Questions & Discussion

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I have discussed the following with the parent/guardian (initial each):

- \_\_\_\_\_ The ear piercing procedure and Blomdahl system
- \_\_\_\_\_ Risks and potential complications (including infection, keloids, uneven placement)
- \_\_\_\_\_ Alternatives to medical ear piercing
- \_\_\_\_\_ Critical importance of aftercare
- \_\_\_\_\_ No numbing cream and why
- \_\_\_\_\_ That this is elective and cosmetic, not medical
- \_\_\_\_\_ Cost and payment
- \_\_\_\_\_ Member-only policy
- \_\_\_\_\_ Revision/re-piercing policy

I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

## Parent/Guardian Consent

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I acknowledge and confirm:

- ☐ I have read and understand this consent form
- ☐ I have had the opportunity to ask questions
- ☐ My questions have been answered satisfactorily
- ☐ I understand the risks, including infection, keloids, and uneven placement
- ☐ I understand this is an elective cosmetic procedure
- ☐ I understand there are no guarantees of outcome
- ☐ I understand the critical importance of aftercare
- ☐ I understand my child must keep starter earrings in for 6 weeks
- ☐ I understand the cost and my payment responsibility
- ☐ I consent to ear piercing for my child
- ☐ I am an active member of Whole Pediatrics Group

### Which ears:

- ☐ Both ears    ☐ Right ear only    ☐ Left ear only

**Parent/Guardian Name (print):**

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**Signature:**

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**Date:**

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**Relationship to child:**

☐ Mother ☐ Father ☐ Legal Guardian

### **Child's Assent (Age 4+)**

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If your child is old enough to understand (age 4+):

**Child's name:** \_\_\_\_\_

- ☐ I want to get my ears pierced  
☐ I understand it will hurt for a few seconds  
☐ I will try to sit still

**Child's signature (or mark/drawing):** \_\_\_\_\_

### **Physician Attestation**

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I have discussed the ear piercing procedure, risks, aftercare requirements, and alternatives with the above parent/guardian. I have answered their questions. I believe they understand the information and are making an informed decision.

**Physician Signature:**

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**Date:**

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**Dr. Connell Bost, Whole Pediatrics Group**

### **Post-Procedure Notes**

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**Date pierced:** \_\_\_\_\_

**Which ears:** ☐ Both ☐ Right ☐ Left

**Starter earrings may be removed after:** \_\_\_\_\_ (typically 6 weeks from piercing date)

**Follow-up scheduled:** ☐ Yes ☐ No

**Aftercare instructions provided:** ☐ Yes

### **Emergency Contact Information**

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After the procedure, if you have concerns about infection, swelling, or complications:

**Dr. Bost:** 909-553-5279 (call or text)

**For severe allergic reactions or emergencies, call 911 immediately.**

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