Studio name _____

Permanent jewelry consent

About a minute before your chain is welded.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Phone

Email

Your jewelry

Where will you wear it?

☐ Wrist ☐ Ankle ☐ Neck ☐ Finger ☐ Somewhere else

Metal

☐ Solid gold ☐ Gold-filled ☐ Sterling silver ☐ Platinum ☐ Stainless steel ☐ Other

Health questions

Are you allergic or sensitive to any metal, such as nickel?

☐ Yes ☐ No

Which metal?

Do you have a pacemaker or another implanted electronic device?

☐ Yes ☐ No

Do you have a rash, cut or skin condition where the jewelry will sit?

☐ Yes ☐ No

What is it?

What you agree to

How it's welded
I understand the chain is closed with a small, quick spark. The studio protects my skin while it welds, and I'll keep still.

Initials _____

Taking it off
I understand the chain has no clasp. To take it off, I can cut it at the small connecting ring with scissors, and the studio can weld it back on.

Initials _____

Medical visits and swelling
I understand I may need to take it off for an MRI, an X-ray, surgery or a hospital visit, or if my wrist, ankle or neck swells.

Initials _____

Everyday wear
I understand chains can snag or break, and metals can tarnish or react with skin, lotions and chlorine over time.

Initials _____

My answers
My answers are true and complete. I'll tell the studio if anything changes before or during my appointment.

Initials _____

Parent or guardian (if you're under 18)

Parent or guardian's name

Relationship to the client

Phone

Photo ID type and number

Parent or guardian's signature _____ **Date** _____

Printed name

Photos of your jewelry

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature

Date

Printed name

For the studio (For the studio)

Chain style and length

Chain and jump ring lots

Welder setting

Notes