

AFTERCARE INSTRUCTIONS

CLIENT NAME: _____

The following verbal and/or written instructions were communicated to the client:

1. Responsibilities and care following the Body Art procedure(s).
2. Possible side effects specific to the type of procedure(s)
3. Physical restrictions with an activity time line.
4. Signs and symptoms of local or general infection.
5. Instructions to call a physician if any of the addressed signs and symptoms appear or for any other reason related to the Body Art procedure(s).
6. If physician care is required by the client related to the Body Art procedure(s), the client is to notify the Body Art facility and practitioner of the problem and the resolution by a physician or clinic. This information shall be placed in the client's file.

COMMENTS: _____

To the best of my knowledge this information is correct:

Practitioner Signature: _____ Date: _____

I have received aftercare instructions:

Client Signature: _____ Date: _____