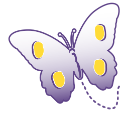

Advanced Parathyroid Surgery of New York

LEADERS IN MINIMALLY INVASIVE PARATHYROID SURGERY

POSTOPERATIVE NECK SCAR PHOTOGRAPHY CONSENT FORM

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Witness: ______________________________

(If the individual is under 21 years of age, a parent or guardian must also sign below).

Individual:	**Parent Guardian:**
______________________ (Print Name)	______________________ (Print Name)
______________________ (Signature)	______________________ (Signature)
______________________ (Date)	______________________ (Date)

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