

Refractive Surgery Consult Form

An Active Duty Only Program



DEC 2018

SECTION 1.	
Last Name:	Unit:
First Name:	Unit Zip:
Rank:	Work Tel:
Age:	Mobile Tel:
DOB (mmddyyyy):	End of Active Service Date:
DOD ID:	Job Title:
Home email:	Current Duty Station and State:
Work email:	
Walter Reed National Military Medical Center Refractive Surgery Center 8901 Rockville Pike, Building 85T Bethesda, MD 20889 Phone: (301) 295-1133	<p style="text-align: center;">Your Military Branch</p> <input type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/> USAF (non-aviation only)

SECTION 2. Command Authorization (please see instructions on page 2)	
USA/USAF	NAVY/USMC/USCG
USA/USAF must have > 6 months remaining on active duty on day of surgery	NAVY/USMC/USCG must have > 12 months remaining on active duty on day of surgery
MOS/AFSC/NEC/Job:	
Deploying < 12 Months: No Yes	Patient's Priority Level: 1 2 3 4
Full Name of 1st Officer or Chain with Title OR Commanding Officer:	
Full Name of 1st Officer or Chain with Title OR Commanding Officer:	
Full Name of 1st Officer or Chain with Title OR Commanding Officer:	

SECTION 3. Professional Recommendation: (to be completed by Optometrist/Ophthalmologist)			
Provider Last Name:		Provider Signature:	
Clinic Tel (include area code):		Provider Email:	
Date of Eye Examination:			
MRx:	Sphere	Cylinder	Axis
OD:			X
OS:			X
		VA 20/	UCVA
			OD: 20/
			OS: 20/
Verification:	<input type="checkbox"/> ≤ 0.50D change in sphere or cylinder in last 12 mos.	<input type="checkbox"/> Dry eyes, blepharitis managed	
	<input type="checkbox"/> RGP wear: consider refit into soft daily wear CL	<input type="checkbox"/> Soft extended wear: must go to daily wear	

SUBMISSION INSTRUCTIONS: (electronically scanned applications only)

Scan and email completed form to: dha.bethesda.ncr-medical.mbx.laser-vision-center@mail.mil

- You will receive confirmation via email within 30 days.
- If you do not receive a confirmation email within 30 days, or you need to make an update to your contact information, send an email to: dha.bethesda.ncr-medical.mbx.laser-vision-center@mail.mil

GUIDANCE TO UNIT COMMANDERS FOR PROCESSING REQUESTS FOR CORNEAL REFRACTIVE SURGERY

This is an ACTIVE DUTY ONLY program.

Corneal refractive surgical procedures (PRK - LASIK - ICL) are elective ocular surgeries to reduce or eliminate the need for distance vision correction and enhance the readiness of members who are medically and administratively qualified.

Commander's Guidance

By signing the refractive surgery consult form, I give my permission and verify:

1. The active duty member can be considered for enrollment in the Warfighter Refractive Eye Surgery Program (WRESP), and for treatment, if eligible.
2. The member has no adverse personnel action and no pending medical evaluation boards.
3. Member will remain CONUS and is NON-Deployable for up to 90 days post surgery (PRK: 90 days; LASIK: 30 days).
4. After corneal refractive surgery the military member will be on CONVALESCENT LEAVE up to 7 days and will have a PHYSICAL PROFILE for a minimum of 30 DAYS, but can be longer in < 1% of patients.

Treatment Priority USA/USN/USMC/USCG	
PRIORITY 1 (Highest Priority)	<p>Member whose military job requires them to frequently and regularly work in an extreme physical environment that precludes the safe use of spectacles or contact lenses.</p> <p>Member has an unusually physically demanding and dangerous job. Probability of survival would clearly be enhanced with this procedure.</p> <p>(Examples: aviators/EOD/Special Forces, Combat Arms Deploying within 12 Months)</p>
PRIORITY 2	<p>Member whose military job requires them to frequently and regularly work in a physical environment where spectacle or contact lens use is possible and would not compromise personal safety or jeopardize completion of the mission, but where their use is physically more difficult or challenging.</p> <p>NOT a safety or survivability issue. Procedure is likely to enhance job performance. High priority, but not absolutely imperative.</p> <p>(Example: Security Forces, military duties include use of NVG, or respiratory masks or Marines not in Category I)</p>
PRIORITY 3	<p>Member not typically exposed to environmental extremes or physical activity or use of equipment precluding use of spectacles or contact lenses, but may on occasion, qualify for Category II.</p>
PRIORITY 4	<p>Member whose job rarely or ever exposes them to extreme conditions, physical activity, or use of special equipment where performance would be diminished by use of glasses or contact lenses.</p> <p>(Example: administrative, clerical, office work in an indoor, non-extreme environment)</p>