



**ATTENTION:**  
**MANDATORY VERIFICATION OF END OF ACTIVE SERVICE (EAS) DATE MUST BE ATTACHED TO THIS CONSULT PRIOR TO SUBMISSION. NO PROOF OF EAS WILL BE INCOMPLETE AND WILL NOT BE ACCEPTED!**  
**YOU CAN PROVIDE A LEAVE AND EARNINGS STATEMENT (LES) OR BASIC INDIVIDUAL RECORD (BIR)**

## NAVY REFRACTIVE SURGERY CONSULT

**1. Patient** (Please PRINT clearly):

Last Name		
First Name		MI:
<input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reservist		
Rank:	Grade:	Branch (Please Circle): USN    USMC    USA Other _____
Age:	Birth date: (DDMMYY)	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DoD ID#:	
Brief Description of Operational Duties:		
Next Billet:		
Command Name:		
Command City/ Homeport:	Command State (2 Letters):	
Work Tel:		
Home/ Mobile Tel:		
Projected Rotation Date (DDMMYY):		
End of Active Service (DDMMYY)		

**2. Ophthalmologist/ Optometrist**

Uncorrected Visual Acuity 20/(xx):	OD:	OS:
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Date of Refraction: \_\_\_\_\_

Sphere:    Cylinder:    Axis:    VA (20/xx):

Manifest OD:				
Manifest OS:				

Patient's Work e-mail:	@
Patient's Home e-mail:	@

In your professional opinion, is this patient a good candidate for refractive surgery?     Yes     No

- Less than 0.50 D change in sphere or cylinder in last 12 months
- Realistic expectations about surgery
- NO:
 

- Age <21 years	- Pregnancy
- K.Sicca	- Thyroid Disease
- Keratoconus	- Diseases affecting healing: DM, Atopy, CV, AI, Immune
- H/o HSK, HZK	- OTL, RGP

Oph/ Optom Last Name: \_\_\_\_\_

Oph/ Optom: \_\_\_\_\_    Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**3. Unit CO's Input** (Refer to page 2 for priority level)

Patient's Priority Level (Please Circle):

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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Unit CO's Last Name: \_\_\_\_\_

Unit CO's Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**4. Fax completed form to (760) 725-0083**

E-mail confirmation of fax receipt will be sent 2-4 weeks from date received.

Patients **MUST UPDATE** contact information annually or when information changes.

Patients **ARE RESPONSIBLE** to contact clinic for dates of departure and arrival from deployments.

**Naval Hospital Camp Pendleton  
 Ophthalmology Clinic  
 Bldg. H-200 Mercy Circle  
 Camp Pendleton, CA. 92055  
 TEL: 760-725-6641  
 FAX: 760-725-0083**

<http://www.med.navy.mil/sites/cpen/services/Pages/Ophthalmology.aspx>

# Refractive Surgery Consult / Screening Prioritization

## Based on Operational Requirements

### Priority I (highest priority)

**Description:** 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, or where their use would compromise personal safety or jeopardize the mission.

- Member has an unusually physically demanding and *dangerous* job.
- Probability of survival would *clearly* be enhanced with this procedure.
- *Without question*, member's job requirements justify *highest* priority.

### Priority II

**Description:** 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 than ordinary circumstances.

- Not a safety or survivability issue.
- Procedure likely to enhance job performance.
- High priority, *but not absolutely imperative*.

### Priority III

**Description:** Members whose jobs *do not typically* expose them to environmental extremes, and *do not typically* involve physical activity or use of equipment that would preclude the safe use of spectacles or contact lenses. However, there is a *reasonable expectation that the member may periodically meet the criteria for "priority II"*.

- *Normal* work environment is not physically demanding / extreme.
- *Typically not* required to use equipment incompatible with eyewear.
- *Reasonable* expectation of periodic exposure to "priority II" conditions.

### Priority IV:

**Description:** Members whose military jobs *rarely or never* expose them to environmental extremes, and do not involve physical activity or use of special equipment that would preclude the safe use of spectacles or contact lenses.

- Administrative, clerical, office work.
- Indoor, non-extreme environment
- No *reasonable* expectation of being in a work environment that would make spectacle or contact lens wear difficult.