

Time Sensitive: Appt will be cancelled if not received by 1500 Monday of the week of surgery.

Refractive Surgery Center – Naval Hospital Bremerton

Command Authorization for Corrective Eye Surgery

A member of your command, (Rank, Name, SSN or DoD#) _____
has the opportunity to have corrective eye surgery at the Naval Hospital Bremerton.

Type of surgery: _____ Scheduled surgery date is: _____ Con leave after surgery: 4 days

1. Before the service member can be treated, written authorization from the member's Commanding Officer is required. Member must provide this form (completed and signed) by 1500 Monday the week of surgery. **Surgery will be cancelled without this form.** Fax # (360) 475-4411 or Email to usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@mail.mil.

2. The primary requirement for surgery is a commitment of the service member's time for preoperative exam, surgery, convalescent leave, and follow-up examinations. Required / recommended exam intervals include:

- | | |
|---|---------------------------------------|
| a) Preoperative exams | allow ½ day |
| b) Informed consent meeting | allow ½ day |
| c) Surgery and convalescent leave | 1 to 5 days after surgery |
| d) One-week postoperative | allow ½ day |
| e) One-month postoperative | allow ½ day |
| f) Three-month postoperative | allow ½ day |
| g) Six-month postoperative | allow ½ day |
| Approximate total time away from duty: | 2 to 4 full days + 6 half days |

3. If the service member desires or plans to receive follow up care from a provider other than the Refractive Surgery Center (possible in some cases), it requires written approval from the alternate eye care provider (below):

I understand that the service member listed above is scheduled to have laser eye surgery on the date listed above.
I accept responsibility for providing follow up care for this patient in accordance with standards of care.

Eye care provider printed name/Phone Number

Eye care provider signature

4. Member / CO Commitment checklist (initial by each statement):

	MBR	CO
Member and CO have read and understand the information on this form		
Member is not planning to separate or retire from the service after surgery: 6 months for Air Force, 18 months for Army and 12 months for other branches of the military.		
Member and CO understand there is little flexibility in exam dates / times		
Member and CO understand that all appointments shall be kept as scheduled		
Member and CO understand member will have convalescent leave after surgery as listed above		
Member and CO understand that there are risks associated with surgery, and although the risks are very low, complications could result in loss of vision and member may no longer be fit for duty		
Member and CO understand that after convalescent leave the member may have an additional period of limited duty depending upon speed of recovery, nature of work, the work environment and until all medication is completed (approximately 1-month for LASIK, and 2 months for PRK).		

5. **At NHB Refractive Surgery Center, we will not do surgery on those service members who knowingly have orders to deploy OCONUS minimum 1 month from date of surgery for LASIK and minimum 3 months from date of surgery for PRK.**

6. **Signature of member and Commanding Officer (or "by direction" authority) indicates authorization for surgery and a commitment to comply fully with follow up requirements.**

Service Member

Commanding Officer

Printed Name _____

Rank/Name/Phone# _____

Signature/date _____

Signature/date _____