

NAVY REFRACTIVE SURGERY CONSULT FORM

Incomplete Consult Forms will not be accepted

1. Patient Input (Please PRINT clearly):

Last Name	
First Name	MI
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Dependent	
Rank:	Grade: <input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/> USMC <input type="checkbox"/> Other_____
Age:	Birth Date: (DDMMYY)
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SSN:
Job Title (No Designators):	
Brief Job Description of Operational Duties:	
Next Billet:	
Unit Name:	
Unit City:	Unit State (2 letters):
Unit Zip:	Unit Country (if not US):
Work Tel:	
Mobile Tel:	
Projected Rotation Date (DDMMYY):	
End of Active Service (DDMMYY):	

2. Unit CO's Input:

Patient's Priority Level:	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CO's Last Name (Print):				
CO's Signature:				

3. Ophthalmologist/Optometrist:

Last Name			
Signature (date):			
Clinical Area Code & Tel:			
UCVA	OD: 20/	OS: 20/	OU: 20/
Sphere	Cylinder	Axis	VA (20/x)
Man OD:			
OS:			
In your professional opinion, is this patient a good candidate for refractive surgery?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Less than 0.5D change in sphere or cylinder in last 12 months <input type="checkbox"/> Realistic expectations about surgery			
Check if any of the following apply:			
<input type="checkbox"/> Age < 21 years	<input type="checkbox"/> Hx of HSK, HZK		
<input type="checkbox"/> Contacts – RGP's	<input type="checkbox"/> Pregnancy		
<input type="checkbox"/> Contacts Ext Wear	<input type="checkbox"/> Thyroid Disease		
<input type="checkbox"/> Keratitis	<input type="checkbox"/> Dz affecting healing: DM,		
<input type="checkbox"/> Keratoconus	Atopy, CV, AI, Immune		

4. Fax Page 1 only to (360) 475-4411

Call (360) 475-4666 for confirmation.

Patients should update their contact information annually or when information changes.

Refractive Surgery Center
 Naval Hospital
 One Boone Rd Code 044
 Bremerton, WA 98312-1898

Tel: (360) 475-5105
 Fax: (360) 475-4411
 DSN: 494-XXXX



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

NAVY REFRACTIVE SURGERY CENTERS

National Naval Medical Center
Bethesda, MD
Phone: (301) 295-1200
Fax: (301) 295-4751
DSN: 295-xxxx

Naval Hospital Camp LeJeune
Jacksonville, NC
Phone: (910) 450-3353
Fax: (910) 450-3355
DSN: 750-xxxx

Naval Medical Center Portsmouth
Portsmouth, VA
Phone: (757) 953-7575
Fax: (757) 953-6136
DSN: 377-xxxx

Naval Hospital Bremerton
Bremerton, WA
Phone: (360) 475-5105
Fax: (360) 475-4411
DSN: 494-xxxx

Naval Hospital Jacksonville
Jacksonville, FL
Phone: (904) 542-7680
Fax: (904) 542-7687
DSN: 942-xxxx

Naval Medical Center San Diego
San Diego, CA
Phone: (619) 524-0555
Fax: (619) 524-1731
DSN: 524-xxxx

GUIDANCE TO UNIT COMMANDERS

Corneal refractive surgical procedures are designed to reduce or eliminate the need for glasses or contact lenses in people who are nearsighted, farsighted or have astigmatism. In the Navy and Marine Corps, there are service members whose duties regularly require them to perform their mission in operational environments where the use of glasses or contacts may adversely affect their mission performance. Photorefractive Keratectomy (PRK) has been shown to significantly enhance the mission capabilities of these individuals, and is currently the procedure of choice for personnel in warfare communities. Research on other forms of refractive surgery, such as LASIK, has demonstrated similar benefits, and may be suitable for personnel in certain warfare communities.

NAVADMIN message 341/99 (R212221Z DEC 99), Photorefractive Keratectomy Surgery Program for Active Duty Service Members, announced the implementation of the Navy and Marine Corps corneal refractive surgery program. A prioritization policy has been designed to ensure that those active duty members whose operational effectiveness would be most enhanced by surgery are first in line at all times. Responsible line commanders are directed to determine the priority level merited by individual service members, based on operational need, probability of enhancing mission performance, and issues of personal safety in the performance of military duties. Appropriate determination by the line commanders is critical to the ability to provide this service to those for whom it is truly intended to benefit, as the demand for services will likely exceed the capacity to provide them. Note that the guidelines provided below do not address rank or rate, as these are not always the most appropriate means for determining the true indication for surgery. Service members that do not merit high priority, or do not wish to wait for the availability to have surgery at a Navy refractive surgery center, may request permission from their line commanders to have surgery performed at their own expense in the civilian health care sector.

PRIORITY 1 (Highest Priority): This category is restricted to only those personnel whose military duties, without question, require them to frequently and regularly work in extreme physical environments that preclude the safe use of spectacles or contact lenses, or where their use has a high probability of compromising mission performance. (SPECWAR, EOD, Diver, SBU, Force Recon, NFO/Aircrew)

PRIORITY 2: This category identifies personnel whose military duties require them to frequently work in adverse physical environments, where personal safety and mission performance make the use of spectacles or contact lenses impractical, but not necessarily incompatible. (Carrier Flight Deck Ops, Ship Ops, Infantry)

PRIORITY 3: This category identifies personnel whose military duties do not typically expose them to extreme physical environments, but there is a reasonable expectation that the member may periodically meet the criteria for priority 2. (Office, occasionally in the field)

PRIORITY 4: This category identifies personnel whose military duties rarely expose them to extreme physical environments and where there is no reasonable expectation of being assigned to work environments that would make spectacle or contact lens use difficult. (Office, hospital)