

# NAVY WARFIGHTER REFRACTIVE SURGERY CONSULT FORM

## 1. Patient Information

|   |  |                      |  |
|---|--|----------------------|--|
| Last Name:  |  | <input type="text"/> |  |
| First Name:   |  | MI:                  | <input type="text"/>                                       |
| Flight Status:  | <input type="radio"/> Yes <input type="radio"/> No | Designator: NEC:     | <input type="text"/>                                       |
| Rank:   | Service: <input type="text"/>                      |                      |  |
| Birthdate (MM/DD/YY):   | Sex:   |                      | <input type="radio"/> Male<br><input type="radio"/> Female |
| Sponsor's DOD ID#: <input type="text"/>   |  |                      |  |
| Job Description: <input type="text"/>   |  |                      |  |
| Command Name: <input type="text"/>  |  |                      |  |
| Command Address: <input type="text"/>   |  |                      |  |
| Command City:   | <input type="text"/>                               | Command State:       | <input type="text"/>                                       |
| Command Zip:  | <input type="text"/>                               | UIC:                 | <input type="text"/>                                       |
| Work Tel (Comm): <input type="text"/>   |  |                      |  |
| Home #:   | <input type="text"/>                               | Cell #:              | <input type="text"/>                                       |
| Official Military Email: <input type="text"/>   |  |                      |  |
| Personal Email: <input type="text"/>  |  |                      |  |
| Projected Rotation Date (PRD) (MM/YY): <input type="text"/> / <input type="text"/>                      |  |                      |  |
| End of Active Obligation (MM/DD/YY): <input type="text"/> / <input type="text"/> / <input type="text"/> |  |                      |  |

## 2. Ophthalmologist/Optometrist

Best Corrected VA

|  |                      |                      |   |
|--|----------------------|----------------------|---|
| Sphere:  | Cylinder:            | Axis:                | Best Corrected VA (20/xx):                            |
| Manifest OD:   | <input type="text"/> | <input type="text"/> | <input type="text"/>                                  |
| Manifest OS:   | <input type="text"/> | <input type="text"/> | <input type="text"/>                                  |
| In your professional opinion, is this patient a good candidate for refractive surgery? |                      |                      | <input type="radio"/> Yes<br><input type="radio"/> No |
| Any corneal scars or lens opacities?   |                      |                      | <input type="radio"/> Yes<br><input type="radio"/> No |
| Central Corneal Pachymetry   | OD:                  | <input type="text"/> | OS: <input type="text"/>                              |
| Ophthalmologist/Optometrist (Stamp and Signature):                                     |                      |                      |   |
| <input type="text"/>   |                      | <input type="text"/> |   |
| Date:  | <input type="text"/> |                      |   |
| Email form to Servicemember (Doctor's use only)  |                      |                      |   |

## 3. Unit CO's Input (SEE PAGE 2 FOR GUIDANCE)

|   |                         |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| Patient's Priority Level: (Selected by CO)  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| <i>Note: In order to receive treatment, service member must have at least 12 months remaining on active duty from the scheduled surgery date.</i> |                         |                         |                         |                         |
| Unit CO's * Rank:   | <input type="text"/>    | CO's Phone Number:      | <input type="text"/>    |                         |
| Unit CO's Name (Print):   | <input type="text"/>    |                         |                         |                         |
| Unit CO's Signature:  | <input type="text"/>    |                         |                         |                         |

\*CO must be Active Duty Officer

## 4. Email to the Refractive Surgery center closest to your unit

Electronic signatures are preferred. Form may be emailed directly by clicking the appropriate email address below. If form is printed, signed, and scanned, only Page 1 is required. E-mail confirmation of receipt will be sent 2-4 weeks from date received. Patients should update contact information annually or when information changes.

### EAST COAST:

#### Naval Medical Center Portsmouth

[usn.hampton-roads.navhospporsva.mbx.nmcp-refractive-surgery-cons@health.mil](mailto:usn.hampton-roads.navhospporsva.mbx.nmcp-refractive-surgery-cons@health.mil)

#### Naval Hospital Camp Lejeune

[usn.lejeune.navmedcenlnc.list.nmcl-refrativesurgery@health.mil](mailto:usn.lejeune.navmedcenlnc.list.nmcl-refrativesurgery@health.mil)

#### Naval Hospital Jacksonville

[usn.jacksonville.navhospjaxfl.list.refractive-surgery-group@health.mil](mailto:usn.jacksonville.navhospjaxfl.list.refractive-surgery-group@health.mil)

### WEST COAST:

#### Naval Hospital Bremerton

[usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@health.mil](mailto:usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@health.mil)

#### Naval Hospital Camp Pendleton

[usn.pendleton.navhospcampenca.list.pendletonlasik@health.mil](mailto:usn.pendleton.navhospcampenca.list.pendletonlasik@health.mil)

#### Naval Medical Center San Diego

[usn.san-diego.navmedcensanca.list.nmcsd-nrsc-consult-group@health.mil](mailto:usn.san-diego.navmedcensanca.list.nmcsd-nrsc-consult-group@health.mil)

Print Form

Reset Form

# 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.