

NAVY REFRACTIVE SURGERY CONSULT FORM – NNMC

Incomplete Consults 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"/>
To determine Priority Level, refer to: http://navalmedicine.med.navy.mil/Files/Media/ecm/sitedata/93E9008D-802E-D019-ABBA0925B2764081/library/Appendix3.doc				
CO's Last Name (Print):				
CO's Signature:				

3. Ophthalmologist/Optomtrist:

Ophthalmologist/Optomtrist Last Name:			
Ophthalmologist/Optomtrist Signature:			
Clinic Area			
Code & Telephone:			
E-mail:			
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 .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, Atopy, CV, AI, Immune
<input type="checkbox"/> Keratoconus	

4. Fax completed form to (301) 295-4751
5. **PLEASE DO NOT CALL TO CONFIRM FAX RECEIPT. Allow 30 days for receipt.**
6. Please email us to check status of consult at:
Laservisioncenter@med.navy.mil
PLEASE UPDATE CONTACT INFO ANNUALLY



Laser Vision Center
National Naval Medical Center
8901 Wisconsin Avenue, Bldg 8
Bethesda, MD 20889-5600

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

Web Site:

<http://www.wrnmcc.capmed.mil/Health%20Services/Surgery/Surgery/Ophthalmology/Warfighter%20Refractive%20Eye%20Surgery/SitePages/Home.aspx>

GUIDANCE TO UNIT COMMANDERS FOR PROCESSING REQUESTS FOR CORNEAL REFRACTIVE SURGERY

Corneal refractive surgical procedures are designed to reduce the need or dependence on glasses or contact lenses in people with nearsightedness, farsightedness and some types of 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 corneal refractive surgery, such as Laser in situ keratomileusis (LASIK), may be demonstrated in the future to have a similar high degree of clinical efficacy and suitability for certain warfare personnel.

NAVADMIN message 341/99 (R 212221Z 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.

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.

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.

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.