



National Capital Area Refractive Surgery Consult Form



1. Patient Input (Please PRINT clearly)

Last Name: (PRINT)	Unit:
First Name:	Unit Zip:
Rank:	Work Tel:
Age:	Mobile Tel:
Birth date (DDMMYY):	End of Active Service Date:
SSN: (PRINT)	Job Title:
Home email: (PRINT)	Current Duty Station & State
Work email: (PRINT)	
Please check the treatment facility you're willing to go to for surgery. *Note, this DOES NOT guarantee your location.	
<input type="checkbox"/> Walter Reed National Military Medical Center <input type="checkbox"/> Fort Belvoir Community Hospital	<input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USCG <div style="text-align: right;">Your Military Branch</div>

2. Commander's Authorization (Commanders-Please see instructions on page 2)

ARMY	NAVY/ USMC/ USCG
<input type="checkbox"/> Must have >18 months remaining on Active duty on day of surgery	<input type="checkbox"/> Must have >12 months remaining on Active duty on day of surgery
MOS: _____ Deploying within 12 months: Yes / No	Patient's Priority Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Co/Designee Full Name (Print): _____	
Commander/ Designee Signature: _____	
CO's email: _____	

3. Professional Recommendation: (to be completed by Ophthalmologist/ Optometrist)

Provider Last Name:	Provider Signature
Clinic Area code and telephone:	Provider email:
Date of eye examination: _____	
MRx: Sphere Cylinder Axis OD: _____ X _____ OS: _____ X _____	VA 20/ _____ UCVA OD: 20/ OS: 20/
Verification:	
<input type="checkbox"/> ≤ 0.50D change in sphere or cylinder in last 12 months <input type="checkbox"/> RGP wear: consider refit into soft daily wear CL	<input type="checkbox"/> Dry eyes, blepharitis managed <input type="checkbox"/> Soft extended wear: must go to daily wear

4. Submission Instructions: (Email OR Fax completed forms to)

NNMC.LaserVisionCenter@health.mil	Fax: (301) 295-4751
<p>➤ You will receive confirmation via email within 30 days</p> <p>➤ If you fail to receive a confirmation email within 30 days, or you need to make an annual update to your contact information, send email to: NNMC.LaserVisionCenter@health.mil</p>	



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 Army, 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.

ARMY	NAVY/ USMC/ USCG
<p>1. I give my permission for the following active duty soldier to be considered for enrollment in the Warfighter Refractive Eye Surgery Program (WRESP) and for treatment if eligible. I acknowledge this soldier is required to complete 1,3,6 and 12-month FOLLOW-UP EXAMS required by the WRESP program. Or if deploying before the 6-month exam is due, they are required to complete the 1- and 3-month exams and then return to Walter Reed, Fort Belvoir, or co-managing optometry clinic for a post-operative exam at the completion of their deployment.</p>	<p>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.</p>
<p>2. I certify the following to be true: A) the soldier has at least 18 months remaining on ACTIVE DUTY. B) The soldier has no adverse personnel actions pending including medical boards. C). The soldier will remain CONUS and is NON-DEPLOYABLE for at least 90 DAYS post-surgery.</p>	<p>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.</p>
<p>3. I realize that after refractive surgery the soldier will be on CONVALESCENT LEAVE up to 96 HOURS and will have the following PHYSICAL PROFILE for a minimum of 30 DAYS, but possibly up to 90 days in a small number of patients (<10%): A). No parachuting, diving, night operations or driving military vehicles. B). No field, range or other duties involving strenuous activity including APFT.C) No swimming, protective mask use, or use of camouflage face paint. D).Needs to wear sun-glasses at all times.</p>	<p>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.</p>
<p>4. I acknowledge that NATIONAL GUARD and RESERVE soldiers are NOT eligible for treatment unless they have been activated and have at least 18 MONTHS ACTIVE DUTY remaining at their time of surgery.</p>	<p>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.</p>
<p>5. Failure to attend any scheduled surgery related appointments will disqualify this soldier from future WRESP treatment. Additionally, failure to comply with the post-operative care requirements may affect future enrollments from the soldier's unit.</p>	