

NAVY WARFIGHTER REFRACTIVE SURGERY CONSULT FORM

1. Patient Information

Last Name: <input style="width: 90%;" type="text"/>	
First Name: <input style="width: 80%;" type="text"/>	MI: <input style="width: 10%;" type="text"/>
Flight Status <input type="radio"/> Yes <input type="radio"/> No	Designator: <input style="width: 50%;" type="text"/> NEC: <input style="width: 50%;" type="text"/>
Rank <input style="width: 100%;" type="text"/>	Service <input style="width: 100%;" type="text"/>
Birthdate <input style="width: 80%;" type="text"/> (MM/DD/YY)	Sex: <input type="radio"/> Male <input type="radio"/> Female
Sponsor's <input style="width: 100%;" type="text"/>	
SSN: <input style="width: 100%;" type="text"/>	
Job Description: <input style="width: 100%;" type="text"/>	
Command Name: <input style="width: 100%;" type="text"/>	
Command Address: <input style="width: 100%;" type="text"/>	
Command City: <input style="width: 50%;" type="text"/>	Command State: <input style="width: 50%;" type="text"/>
Command Zip: <input style="width: 50%;" type="text"/>	UIC: <input style="width: 50%;" type="text"/>
Work Tel (Comm): <input style="width: 100%;" type="text"/>	
Home #: <input style="width: 50%;" type="text"/>	Cell #: <input style="width: 50%;" type="text"/>
Official Military Email: <input style="width: 100%;" type="text"/>	
Personal Email: <input style="width: 100%;" type="text"/>	
Projected Rotation	
Date (PRD) (MM/YY): <input style="width: 80%;" type="text"/>	/
End of Active Obligation (MM/DD/YY): <input style="width: 100%;" type="text"/>	

2. Ophthalmologist/Optomtrist:

Sphere:	Cylinder:	Axis:	Best Corrected VA (20/xx):
Manifest OD: <input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Manifest OS: <input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
In your professional opinion, is this patient a good Candidate for refractive surgery? <input type="radio"/> yes <input type="radio"/> no			
Any corneal scars or Lens opacities? <input type="radio"/> yes <input type="radio"/> no			
Central Corneal Pachymetry OD: <input style="width: 50%;" type="text"/>		OS: <input style="width: 50%;" type="text"/>	
(Non-local/As Needed)			
Ophthalmologist/Optomtrist (Stamp and Signature):			
			Date: <input style="width: 50%;" type="text"/>

3. Unit CO's Input: SEE PAGE 2 FOR GUIDANCE

Patient's Priority Level: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 (Selected by CO)
<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 style="width: 50%;" type="text"/>
CO's Phone Number: <input style="width: 50%;" type="text"/>
Unit CO's Name (Print): <input style="width: 100%;" type="text"/>
Unit CO's Signature: <input style="width: 100%; height: 30px;" type="text"/>

*CO must be Active Duty Officer

4. Fax Only First Page

E-mail confirmation of fax receipt will be sent 2-4 weeks from date received. Patients should update contact information annually or when information changes.

Fax completed form to the Center closest to your unit

- | | |
|--|---|
| <p>EAST COAST:</p> <p><input type="radio"/> Walter Reed National Military Medical Center
Bethesda, MD 20889</p> <p><input type="radio"/> Naval Medical Center Portsmouth
Portsmouth, VA 23708</p> <p><input type="radio"/> Naval Hospital Camp Lejeune
Jacksonville, NC 28547</p> <p><input type="radio"/> Naval Hospital Jacksonville</p> <p>WEST COAST:</p> <p><input type="radio"/> Naval Hospital Bremerton
Bremerton, WA 98312</p> <p><input type="radio"/> Naval Hospital Camp Pendleton</p> <p><input type="radio"/> Navy Refractive Surgery Center
San Diego, CA 92106</p> | <p>FAX NUMBER:</p> <p>301-295-4751</p> <p>757-953-6136</p> <p>910-450-3355</p> <p>904-542-7687</p> <p>360-475-4411</p> <p>760-725-0083</p> <p>619-532-7031</p> |
|--|---|

Navy Refractive Surgery Center
Branch Medical Clinic
2051 Cushing Road
San Diego, CA 92106

URL: <http://www.med.navy.mil/sites/nmcsd/Patients/Pages/RefractiveSurgeryCenter.aspx>



NAVY MEDICINE

World Class Care... Anytime, Anywhere

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.