

NAVAL AVIATION REFRACTIVE SURGERY CONSULT FORM

1. Patient Information (Please print clearly):

Last Name:	
First Name:	MI:
Suffix (Jr, III):	Call sign:
Rank:	<input type="checkbox"/> USN <input type="checkbox"/> Other _____ <input type="checkbox"/> USMC
Birthdate (MM/DD/YY)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
SSN: - -	Flight Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> PILOT NFO <input type="checkbox"/> AIRCREW _____	Total Hours:
Primary Aircraft:	Current Upchit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary NEC, MOS, Designator(s):	
Command Name:	
Command Address:	
Command City/Homeport	Command State (2 letters):
Command Zip:	Country (if not US):
Work Tel (Comm):	
Home Area Code & Tel:	
Projected Rotation Date (PRD) (MM/YY):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EAOS (MM/DD/YY):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Work e-mail:	
Home e-mail:	

Requested DOD Treatment Site:

SAN DIEGO PORTSMOUTH BETHESDA

OTHER _____

2. Ophthalmologist/Optomtrist:

Uncorrected Visual Acuity 20/(xxx):	OD:	OS:
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Sphere: Cylinder: Axis: VA (20/xx):

Manifest OD:
Manifest OS:

In your professional opinion, is this patient a good candidate for refractive surgery? Yes No

► Less than 0.50 D change in sphere or cylinder in last 12 months

► Realistic expectations about surgery

► No: ♦ Age < 21 years ♦ Pregnancy
 ♦ K. Sicca ♦ Thyroid Disease
 ♦ Keratoconus ♦ Diseases affecting healing
 ♦ H/o HSK, HZK
 ♦ Glaucoma

Oph/Optom Last Name:	
Ophthalmologist/ Optometrist:	
Signature:	Date:
Flight Surgeon:	
Signature:	

3. Unit Co's Input: See Page 2 for guidance

Patient's Priority Level: 1 2 3 4

I understand that the servicemember will be aeromedically grounded for a minimum of 4 weeks, but that healing time varies between individual patients and that this "down" period may be extended.

Unit Co's Last Name:

Unit Co's Signature:

4. Fax completed form to (619) 524-1731

Email confirmation of fax receipt will be sent 2-4 weeks from date received.

Patients should update contact information every 6 months or when information changes.
 Email: pbalagtas@nmcsd.med.navy.mil

Navy Refractive Surgery Center
 Branch Medical Clinic
 2650 Stockton Road
 San Diego, CA 92106-6000

Tel: (619) 524-0335
 Fax: (619) 524-1731
 DSN: 524-
 URL: http://navymedicine.med.navy.mil/PRK/refractive_surgery_information.htm



PRK Consult / Screening Prioritization Based on Operational Requirements

Priority I (highest priority):

Description: Members 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: Members whose military job requires them to frequently and regularly work in a physical environment where spectacles 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 job 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 job rarely or never exposes 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.