

NAVY REFRACTIVE SURGERY CONSULT FORM

1. Patient Information (Please print clearly):

Last Name:		Suffix (Jr, III):	
First Name:		MI:	
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Retired		
<input type="checkbox"/> Reservist	<input type="checkbox"/> Dependent		
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	
Family Member Prefix:	Sponsor's SSN:	-	-
Job Description:			
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"/>
EAOS (MM/DD/YY):		<input type="text"/>	<input type="text"/>
Work e-mail:			
Home e-mail:			

2. Ophthalmologist/Optometrist:

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

In your professional opinion, is this patient a good candidate for refractive surgery?		<input type="checkbox"/> Yes
		<input type="checkbox"/> 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:

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

Patient's Priority Level:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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Unit Co's Last Name:
Unit Co's Signature:

4. Fax Page 1 only to (619) 524-1731

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.

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



Tel: (619) 524-5515 #6
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: 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.