Naval Hospital Bremerton
Ophthalmology & Refractive Surgery Clinic
(360) 475-4295

Dear Commanding Officer:

We appreciate the opportunity to provide vision enhancing corneal refractive surgery to active duty members of your unit. Refractive surgery enhances readiness of your military members and makes them more effective war fighters, with less reliance on glasses and contact lenses. We strive to make our process streamlined and simple for patients coming from out of state and overseas.

Unfortunately, Naval Hospital Bremerton cannot provide travel funding, local transportation or lodging. We encourage commands to provide no cost Temporary Additional Duty orders for patients who are scheduled for refractive surgery with us. Refractive surgery typically requires a two week commitment, and we perform surgery most Tuesdays.

We recommend the following schedule for patients coming from out of state:

Monday/Tuesday AM :	Arrive Seattle, travel to Bremerton area lodging
Wednesday:	Pre-operative evaluation 2 appointments (Tech/Dr eval)
Thursday:	Repeat Pre-Op testing as necessary
Monday:	Group meeting / Informed consent / Meet with surgeon
Tuesday:	Surgery (beginning of convalescent leave)
Wednesday:	1 day Post-operative exam for LASIK/SMILE
Thursday thru Sunday:	Continued Convalescent leave
Monday:	1 week post op
Tuesday:	Leave Seattle

Again, thank you for entrusting us with the care of your military members. Please contact usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@health.mil or call (360) 475-4295 if you have any questions. Thank you very much for your consideration.

Very respectfully,

Naval Hospital Bremerton, Refractive Surgery Team

Naval Hospital Bremerton
Refractive Surgery

Checklist for patients stationed outside of Washington/Oregon*:

1. Fax the following to (360) 475-4411 or e-mail to: usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@health.mil.
   a. Refractive surgery consult (for those that have not sent it already)
   b. Last 3-5 years of eye exams
   c. Signed and completed pages **5**, **6** and **7** of this packet (complete **8** after #5 below)
   d. Obtain a cycloplegic refraction (eyeglass prescription while dilated)
   e. Pachymetry (corneal thickness)
   f. Corneal topography if available
2. Call (360) 475-4295 to confirm receipt. Paperwork will be reviewed by clinic Optometrist and staff.
3. No contact lens use 2 weeks prior to first appointment for soft lens wearers. No contact lens use 1 month prior to first appointment for toric,gas permeable or hard contact lenses. Absolutely no sleeping in contact lenses,regardless of type,for 11 month prior to first appointment. Contact lenses change the corneal shape and give incorrect data at the preoperative evaluation.
4. After Optometrist's approval, you will be notified to contact clinic nurse at (360) 475-5259 to go over medical history. Best times to call are Mon, Tues, Thurs, Fri 0800-1500 PST
5. Our clinic nurse will have our schedulers call to schedule a tentative date for Tech & Doctor Pre-op evaluations and surgery. Surgery is performed on Tuesdays. The pre-op is completed mid week, the week before surgery. Remember the surgery date is only tentative and that it can be canceled or postponed for any reason at any time.
6. Fax completed Command Authorization (#**8**)with tentative date of surgery you booked, signed Pre-Surgery Instructions included in this packet prior to booking travel arrangements.
7. Driver/caregiver is required for every single appointment you have with us before and after surgery. It has to be a caregiver and not a taxi or Uber. Due to healing eyes, blurred vision it will be unsafe for you to drive the last week that you are here post surgery. You will be able to drive beyond your 1 week post op visit when you feel safe to do so.
8. Military lodging is available at Naval Base Kitsap and Naval Submarine Base Bangor. Please visit www.dodlodging.net or www.navy-lodge.com for more information or call Navy Lodge: (800) NAVY-INN, Navy Gateway Inn & Suites: (877) NAVY-BED. Patients are expected to make their own hotel arrangements. You need to stay on the Kitsap Peninsula within 300 minutes of our facility. Neighboring towns of Bremerton that have various lodging availability are Silverdale and Poulsbo.

PLEASE BRING THIS ENTIRE PACKET WITH YOU INCLUDING EVERYTHING YOU SENT (1.a-f))

* Some WA & OR patients may fall under this category depending on where they are stationed. Please contact clinic for clarification.

Naval Hospital Bremerton Refractive Surgery Center

Pre Surgical Information Sheet

What to expect

- You will have a minimum of three different appointments at our clinic before your day of surgery if you are found to be a good candidate. First you will be seen by a technician to have many diagnostic tests and measurements done to measure stability as well as making sure your eye anatomy fits the criteria for corneal refractive surgery.
- We want to do as many surgeries as possible, but there are risks with any type of surgery and there are those patients where the risks are too high and against FDA regulations to proceed. In some cases you may have to come back at a later date to have multiple tests repeated before you go to the next step of your evaluation.
- The next step is to have a dilated eye exam, where our doctors will check the health of the external and internal structures of your eyes and get final prescription measurements. If you are deemed a good candidate after this exam you might be told that you can book a tentative date for surgery. Your surgery date is tentative as your chart is heavily reviewed by our surgeons, optometrist, nurse and administrative staff to make sure that you are in fact a good candidate for surgery at that time.
- This procedure is elective and can be canceled at any time if we feel that the risk is too great to where you might not have an optimal outcome. If deemed a good candidate, along with a tentative surgery date, you will be given an appointment to come to our clinic the day before your surgery. At this appointment you will spend up to four hours with our clinic nurse and your surgeon for an informed consent. You will be given further education and time to ask any unanswered questions not covered in this education sheet and the booklet provided.

Corneal Refractive Surgery

The clear front surface of the eye is called the cornea. The cornea is comprised of different layers that do different jobs. In corneal refractive surgery, it is important to get to the toughest and strongest part of the cornea called the stroma. The stroma can be permanently reshaped by a laser to try to reduce your dependency on glasses. The stroma is covered by a top layer of skin called the epithelium. The epithelium heals quickly and cannot be permanently reshaped. PRK, LASIK and SMILE are refractive surgery techniques that differ in the way they get to the stroma. They are all used to gently reshape the surface of the cornea to reduce the dependency of your glasses.

PRK VS. LASIK and SMILE

PRK (Photorefractive Keratectomy)

In PRK, the surgeon creates a corneal abrasion removing the top layer of cells from the cornea (called the epithelium) over the treatment area. This is done mechanically, with a soft rotating surgical brush, after topical numbing drops are applied. The second step of PRK is identical to LASIK: an excimer laser is used to reshape the underlying corneal tissue.

After the laser ablation, a soft contact lens is placed over the eye as a bandage while the corneal epithelium grows back in place, which usually takes about 3 to 5 days. During this period, you will usually experience mild to marked discomfort with blurry vision. Because of the greater amount of healing that needs to take place after PRK, it can take several weeks before vision is clear and stable after the procedure.

Femtosecond LASIK (Laser Assisted In Situ Keratomileusis)

The Femtosecond LASIK method utilizes two separate lasers. The first creates a corneal flap by applying tiny, rapid pulses of laser light which create a bubble layer at the stromal level. Your doctor creates your corneal flap by gently separating the tissue where these bubbles have formed. You will then be moved to a second laser where the corneal flap is then folded back so the doctor can perform an eximer laser treatment, the flap is then folded precisely back in place once the eximer treatment has ended.

SMILE (Small Incision Lenticule Extraction)
With SMILE, similar to LASIK, we use the same initial laser and technique, in this case, to create a dual bubble layer within the cornea under the epithelium. The bubble layer creates a small disc of skin within the cornea called a lenticule. The lenticule varies in shape and thickness based on your eyeglass prescription. Once the lenticule is created it is carefully removed through a microscopic laser created incision in the cornea. There is no need for a flap or a second laser. This procedure is often referred to as a flapless LASIK

What to expect day of surgery:

1. Your identification will be confirmed at several stages along the process and we will ask if you have any allergies to any medications, what type of procedure you are scheduled to undergo and which eye(s) will be treated.
2. Our team will prepare you with several eye drops prior to entering the laser suite. If the surgeon determines you have significant astigmatism, you may also have "marking" done on the surface of your eye.
3. You will be brought into the laser suite, where you will have a seat on a "dentist-like" chair and have the non-operative eye patched (this is for safety reasons).
4. The surgeon and surgical team will all be wearing a mask and hair cover.

(LASIK and SMILE only)

- We will move you in position under the femtosecond laser where we will apply a numbing drop on the cornea and place an eyelid spreader to keep the eye open. We apply a small sterile lens beneath the laser, which when in position, gently touches the surface of the cornea similar to a contact lens. You will focus on a green blinking light to assist in proper alignment. A mild suction will be used to hold the eye steady as we create the special bubble layer for LASIK and SMILE. The bubble layer creation lasts less than 30 seconds. With LASIK, once the flap is created you will be brought to the eximer laser where we will again place an eyelid spreader and the flap will be carefully folded back and the laser will be applied.
- For SMILE as soon the lenticule is created we will position the bed under a microscope where the surgeon with control your eye movement and gently remove the lenticule. Once the lenticule is removed we will apply medicated drops and repeat the process on your other eye.

(PRK only)

- After application of several numbing drops, an eyelid spreader will be placed into the operative eye to keep the eyelid open.
- A soft mechanical brush will be used to remove the top layers of skin from the surface of your cornea. Once the tissue is removed, your surgeon will apply the excimer laser

(PRK and LASIK)

5. Once the flap is lifted for LASIK or removed for PRK you will be asked to focus on a flashing red/orange light under the eximer laser and the procedure will begin. The flashing red light may get a little blurry during the procedure, which only lasts a few seconds to a few minutes depending on your prescription. ***The procedure is painless.*** The laser is not a "hot laser" it is ultraviolet and will not burn you.
6. You will hear a popping noise next to your right ear. This is just the sound of the laser at work. You may also smell a faint odor during your procedure. This is the tissue being removed from your cornea. A couple of eye drops will be instilled into your eye following your procedure. For some LASIK and SMILE patients, a bandage contact lens will be applied for temporary use only. Our staff, at your follow up visit, will remove this lens. Please note that your vision will be blurry immediately after the procedure, but will improve with time.
7. All patients will have a postoperative exam performed prior to being released. As soon as you get home you should begin taking your medication as directed and take a nap for at least 2 hours to allow the healing process to begin.

Out Of State Pre-Surgery Instructions **(rev. 77/25 EFB)**

Refractive Surgery Center Naval Hospital Bremerton

Please read carefully as ***failure to comply will result in cancellation*** of your surgery appointment.

1. You must have a caregiver/driver (not a Taxi, Uber etc) for all of your appointments to include tech, Dr eval,day of surgery and every post op visit. You will not be able to drive at all following surgery for the first week due to healing and blurred vision. Your driver will assist with any driving needs for that 1 week for groceries etc. You can drive after your 1 week post op visit if you feel comfortable.

2. Due to possible complications during recovery, patients are required to be within the immediate area of their local eye doctor. **Do not schedule any TAD, travel during leave, underway, PCS, etc. until after the one month post-op appointment.**

3. Command Authorization Form: Email to usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@health.mil or fax to (360)475-4411 . Advise to get authorization from your command prior to making travel arrangements. Please call clinic to verify receipt (360) 475-4295.
4. No contact lens use 2 weeks prior to pre-operative evaluation and surgery for soft lens users. No contact lens use 1 month prior to pre-operative evaluation and surgery for toric, gas permeable or hard contact lens users. Absolutely no sleeping in contact lenses, regardless of type for 1 month prior to pre-operative evaluation and surgery.
5. **Call the clinic for any changes in your medical history including over the counter medications**.
6. **Tech/Dr eval, you will need a driver**
7. **Day Before Surgery**:
    a. **PICK-UP MEDICATIONS BY 1000 (LASIK/SMILE) 1100 (PRK) AT THE NAVAL HOSPITAL BREMERTON PHARMACY PRIOR TO CHECKING IN FOR YOUR APPOINTMENT.** ***CHOOSE*** **"Return for Pick-up"** option at the kiosk. You will get called within 10-15 minutes as your meds are prepared the night before. You are not required to be in uniform. **Your surgery will be cancelled if you are late.**
    b. **FEMALE** patients stop by the laboratory prior to picking up medications.
    c. The appointment is for a group teaching of pre/post op instructions & signing of informed consent; and evaluation with surgeon, therefore, **it could last up to 1600.**
    d. Please be aware that your 0730 or 0800 surgery day appt time is a placeholder. You will be informed of your surgery check in time at the group meeting. **Please make sure you and your driver's schedule is flexible on day of surgery. We are a specialty clinic; therefore elective procedures such as LASIK/ SMILE//PRK get delayed when emergency patients need to be seen.**
8. **Surgery Day**:
    a. Eat breakfast/lunch/bring a snack. Pre-op meds needs to be taken with food.
    b. Your military ID will be used for verification purposes.
    c. We provide a free pair of sunglasses with 100% UVA and UVB protection.
    d. **It is required that your driver/caregiver be present at your surgery appointment. Your surgery will be cancelled otherwise.**
    e. Please do not bring any personal belongings. Absolutely no cell phones, pagers, or electronic devices.
    f. Do not wear: facial piercings, make up (especially around the eyes), facial lotions or creams, perfume, cologne or aftershave. Scented products can affect the laser.

I have read & understood the above instructions. ***Failure to comply will automatically cancel my surgery appt:***

Patient Signature/Date: _____ Clinic Staff Initial: _____

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE
NAVHOSPBREMINST 6490.1	JUN 2019

LOCAL FORM TITLE *(Optional)*
REFRACTIVE SURGERY CLINIC - PRE-SCREENING

Updated On: _____ Staff Initial: _____

Personal Information **Any missing or incorrect information will delay your surgery.**

Today's Date (MM/DD/YYYY) _____

On the label below, is your identifying information correct?(Name, DoD, DOB) ☐ Yes - Please initial _____ ☐ No - List any corrections _____

Work E-mail _____ Phone: Home/Cell (_____) _____-_____ Work (_____) _____-_____ Ext _____

Supervisor Name And Number (If work # not available)_____ Phone (_____) _____-_____

Alternate Contact Name (Spouse, Roommate, etc) _____ Phone (_____) _____-_____

Current Street Address _____ City _____ State _____

Updated On: _____ Staff Initial: _____

Work Information

Branch of Service: ☐ Navy ☐ Army ☐ Marines ☐ Air Force ☐ Coast Guard ☐ Other _____

Time in Service (In yrs) _____Projected Rotation Date (MM/DD/YYYY) _____ End of Active Service Contract (MM/DD/YYYY) _____

Command _____ Department _____ Rank / Rate _____ / _____

Brief Description of Job Duties (layman terms) _____

Duty Status: ☐ Full Duty ☐ *Limited Duty ☐ *Light Duty *Approx time of completion Limited/Light _____

Are you scheduled for:

Deployments w/in 12 months ☐ No ☐ Yes - Approx. Date & Duration _____

TAD/Detachments/Underway w/in 3 months ☐ No ☐ Yes - Approx. Date & Duration _____

Leave w/in 3 months outside local area of your duty station ☐ No ☐ Yes - Approx. Date & Duration _____

General Information

Hobbies / activities (Boxing, MMA, computers, videogames, etc) _____

Do you sleep with a circulating fan? ☐ No ☐ Yes (Discontinued fan use is recommended after surgery)

Do you have any other current / pending consults / referrals / surgery? ☐ No ☐ Yes

If you answered "yes", please explain: _____

Do you have seasonal allergies? ☐ No ☐ Yes

If you answered "yes", please explain (season / geographic location / date medication was last used): _____

Do you have a refractive surgery preference? ☐ LASIK ☐ PRK ☐ SMILE (If no preference leave blank)

Updated On: _____ Staff Initial: _____

Medications

Drug / Latex Allergies ☐ Yes, list:_____ ☐ No Known Drug Allergies

Current Medications (Prescriptions/Over-the-Counter including supplements, gels, ointments, eye drops, and creams):

☐ No ☐ **Yes** * _____

Other medications taken within the last 30days: ☐ No ☐ **Yes*** _____

***If answered "yes"**, please list medical conditions that you are/were taking medications for _____

Updated On: _____ Staff Initial: _____

Optical History

How old are the pair of glasses you brought with you today _____ (Give approx time ie weeks/mo/yr)

Do you wear reading glasses/bifocals? ☐ No ☐ Yes

During the day, while awake, how often do you wear corrective lenses to see? (ie glasses or contacts) _____% of the day

Have you worn/tried on/been fitted for contact lenses? ☐ No ☐ Yes Type: ☐ Soft daily / monthly / biweekly ☐ Rigid Gas Permeable (hard lenses)

Date last worn: MM/DD/YYYY) _____

Have you ever slept in your contacts? ☐ No ☐ Yes

Approximate date you last slept in contacts: MM/DD/YYYY) _____

How often / long do you sleep in contacts? ☐ Couple times/year ☐ 1 week at a time ☐ 1 month or longer at a time ☐ Couple times/month ☐ 2 weeks at a time

PRACTITIONER'S NAME (Leave Blank)	PRACTITIONER'S SIGNATURE (Leave Blank)	DATE (Leave Blank)

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*

HOSPITAL OR MEDICAL FACILITY	STATUS
DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN
RELATIONSHIP TO SPONSOR	

Updated On: _____ Staff Initial: _____

Medical History

Have you ever used:	No	Yes		No	Yes
Maxalt, Immitrex, Zomig	☐	☐	Accutane	☐	☐
Cordarone	☐	☐	Retin-A (Tretinoin, etc)	☐	☐
TB medication (INH, etc)	☐	☐			

If you answered "yes", please list the date medication was used last: _____

Mental health conditions, including those not managed by medications ☐ No ☐ Yes

If you answered "yes", please explain _____

Surgical History (List all surgeries, including wisdom teeth): ☐ No ☐ Yes

If you answered "yes", please explain _____

Do you have a history of fainting, dizziness, with medical procedures/blood draws or discussions regarding medical procedures? ☐ No ☐ Yes If you answered "yes", please explain _____

Do you ever rub your eyes? ☐ No ☐ Yes

If you answered "yes", please explain _____

Have you ever used / been evaluated for sleep apnea / CPAP / APAP? ☐ No ☐ Yes

If you answered "yes", please explain (diagnosis/test results and treatment plan) _____

Have you had any vaccinations within the last 2 months (flu, smallpox, etc)? ☐ No ☐ Yes - List type/date: _____

Do you have a history of cold sores, HSV I, or HSV II? ☐ No ☐ Yes - List type/date: _____

Do you use tobacco products? ☐ Quit - Date _____ (MM/DD/YYYY) ☐ Yes - Type & Frequency _____ ☐ Never

Have you been evaluated for / diagnosed with an autoimmune condition:

	No	Yes		No	Yes
Rheumatoid Arthritis	☐	☐	HLA B27	☐	☐
Lupus	☐	☐	Psoriasis	☐	☐
Multiple Sclerosis	☐	☐	HIV/AIDS	☐	☐
Sarcoidosis	☐	☐			
Sjogren's Syndrome	☐	☐	Other _____		

Updated On: _____ Staff Initial: _____

Eye History

Have you been **evaluated for / diagnosed or treated for** any of the following?

	No	Yes		No	Yes
Recurrent iritis / uveitis	☐	☐	Dry Eye	☐	☐
Herpes infection in the eye	☐	☐	Amblyopia / "Lazy eye"	☐	☐
Corneal scarring	☐	☐	Eye/Eyelid-surgery	☐	☐
Glaucoma	☐	☐	PRK/LASIK/SMILE	☐	☐ (Even if evaluated and couldnt have procedure)

If you answered "yes" to any of the above, please explain _____

Do you have a family member with a history of eye disease (not including glasses and contacts)? ☐ No ☐ Yes If you answered "yes", please explain (family member and disease) _____

Flight Status Personnel ☐ N/A What is your position? ☐ Pilot ☐ Special Aircrew ☐ Air Traffic Control ☐ Flight Officer ☐ Enlisted Aircrew ☐ Other _____

Female Patients ONLY	No	Yes
Currently Pregnant	☐	☐
Pregnant within the last 3 months	☐	☐
Currently Breastfeeding	☐	☐
Breastfed in the last 3 months	☐	☐
Planning a pregnancy within 6 months	☐	☐
Taking Biotene supplements (false positive pregnancy test)	☐	☐

I verify that the above information is complete and accurate to the best of my knowledge.

Signature _____

Date _____

PRACTITIONER'S NAME (Leave Blank)	PRACTITIONER'S SIGNATURE (Leave Blank)	DATE (Leave Blank)

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*

HOSPITAL OR MEDICAL FACILITY	STATUS
DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN
RELATIONSHIP TO SPONSOR	

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE
NAVHOSPBREMINST 6490.1 CH-1	FEB 2021

LOCAL FORM TITLE *(Optional)*

REFRACTIVE SURGERY CLINIC - COMMAND AUTHORIZATION FOR CORRECTIVE SURGERY

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 133, 1071-1087, 3012, 5031, and 8012; Executive Order 9397
PRINCIPAL PURPOSES: To facilitate and document health care. The Social Security Number is required to identify and retrieve health care records.
ROUTINE USES; Primary use of this information is to provide, plan, and coordinate health care.
DISCLOSURE: Mandatory.

This document is subject to the Privacy Act of 1974. It contains personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in CIVIL and CRIMINAL penalties.

TIME SENSITIVE: WE NEED THIS AUTHORIZATION BY 1500, TUE, 2 WEEKS PRIOR TO SURGERY OR SURGERY WILL BE POSTPONED!

A member of your command has the opportunity to have corrective eye surgery at Naval Hospital Bremerton.

Type of Surgery: PRK/ LASIK/ SMILE
(One line procedure and initial if there is one you refuse **or** comand does not permit you to have, otherwise **circle every procedure** so you have the most options available**)**

Scheduled Surgery Date _____

Convalescent Leave Including Surgery For Out Of State Patients: 1 Week

1. Before the service member can be treated, written authorization from the member's Commanding Officer is required. Member must provide this form (completed and signed) with out of state packet by 1500 Tuesday 2 weeks prior to surgery. ***Surgery will be canceled without this form.*** You can fax it to (360) 475-4411 or email it to usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@health.mil.
2. The primary requirement for surgery is a commitment of the service member's time for preoperative exam, surgery, convalescent leave and follow-up examinations. Required / Recommended exam intervals include:
   a) Preoperative exam (First visit after travel, needs caregiver, 3-4 hrs typically on a Wednesday)
   b) Informed consent meeting (Following Monday, 4 hrs)
   c) Surgery (Next day on a Tues, needs caregiver 2hrs)
   d) One day and 1 week post op visit, (Needs caregiver 1hr each)

   For out of state patients wishing to have elective surgery at our facility, we require a minimum of **2 weeks,** not including travel, at our facility. During this time we will complete a full preoperative evaluation with dilated exam. Clinical staff, Optometrist, Nurse, Lead Tech and Surgeon will all review completed eval prior to surgery. The patient will then have a class and consent to surgery, the following day they will have surgery and then stay here until their 1 week post op visit is complete.
3. Service member requires a minimum of one-, three- and six-month follow-up care from their local eye care provider following corneal refractive surgery. In some cases there might be a special circumstance where this member might need to seek immediate follow up care upon returning, due to unforeseen delayed healing etc.

   I understand that the service member listed above is scheduled to have laser eye surgery on the date listed above. I accept responsibility for providing follow-up care for this patient in accordance with standards of care.

_____ Eye Care Provider Printed Name/Phone Number

_____ Eye Care Provider Signature

4. Member/Commanding Officer Commitment Checklist **(Initial by each statement)**

	Member	CO
Member and CO has read and understand the information on this form.		
Member is not planning to separate or retire from the service after surgery: 6 months for Air Force and Army, 12 months for other branches of the military.		
Member and CO understand there is little flexibility in exam dates / times.		
Member and CO understand that all appointments shall be kept as scheduled.		
Member and CO understand member will have convalescent leave after surgery as listed above.		
Member and CO understand that there are risks associated with surgery and although the risks are very low, complications could result in loss of vision and member may no longer be fit for duty.		
Member and CO understand that after convalescent leave, the member **may** have an additional period of limited duty depending upon speed of recovery, nature of work, the work environment and until all medication is completed. **(Approximately 1 month for LASIK/SMILE and 2 months for PRK)**		

5. **At NHB Refractive Surgery Clinic, we will not do surgery on those service members who knowingly have orders to deploy OCONUS a minimum of 1 month from the date of surgery for LASIK/SMILE and a minimum of 3 months from the date of surgery for PRK.**
6. **Signature of member and CO (or "By direction" authority) indicates authorization for surgery and a commitment to comply fully with follow up requirements.**

Service Member: Printed Name _____ **Commanding Officer:** Printed Name & Rank _____

Signature/Date _____ Signature/Date _____

PRACTITIONER'S NAME (Standard hospital form, we will fill out these following blocks out after it is signed and complete)	PRACTITIONER'S SIGNATURE (See previous etc)	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)* Leave Blank	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	