

# 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 <i>(Title and Number)</i> NAVHOSPBREMINST 6490.1	ISSUANCE DATE JUN 2019																																												
LOCAL FORM TITLE <i>(Optional)</i> REFRACTIVE SURGERY CLINIC - COMMAND AUTHORIZATION FOR CORRECTIVE SURGERY																																													
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> 10 U.S.C. § 133, 1071-1087, 3012, 5031, and 8012; Executive Order 9397 <b>PRINCIPAL PURPOSES:</b> To facilitate and document health care. The Social Security Number is required to identify and retrieve health care records. <b>ROUTINE USES:</b> Primary use of this information is to provide, plan, and coordinate health care. <b>DISCLOSURE:</b> Mandatory. <i>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.</i>																																													
<p style="text-align: center; color: red;"><b>Time Sensitive: Appointment will be cancelled if not received by 1500 Monday of the week of surgery.</b></p> <p>A member of your command has the opportunity to have corrective eye surgery at Naval Hospital Bremerton.</p> <p><b>Type of Surgery:</b> _____ <b>Scheduled Surgery Date:</b> _____ <b>Convalescent Leave including surgery: 5 days</b></p> <p>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) by 1500 Monday the week of surgery. <b><u>Surgery will be cancelled without this form.</u></b> Fax to (360) 475-4411, drop off, or email to <a href="mailto:un.kitsap.navhospbremertonwa.list.brem-rs-clinic@mail.mil">un.kitsap.navhospbremertonwa.list.brem-rs-clinic@mail.mil</a>.</p> <p>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:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">a) Preoperative exams</td> <td>Allow 1/2 day</td> </tr> <tr> <td>b) Informed consent meeting</td> <td>Allow 1/2 day</td> </tr> <tr> <td>c) Surgery and convalescent leave</td> <td>5 days</td> </tr> <tr> <td>d) Immediate post-operative</td> <td>Allow 1/2 day</td> </tr> <tr> <td>e) One-month post-operative</td> <td>Allow 1/2 day</td> </tr> <tr> <td>f) Three-month post-operative</td> <td>Allow 1/2 day</td> </tr> <tr> <td>g) Six-month post-operative</td> <td>Allow 1/2 day</td> </tr> </table> <p style="margin-left: 40px;"><b>Approximate total time away from duty: 5 full days plus 6 half days</b></p> <p>3. If the service member desires or plans to receive one, three and six month follow-up care from a provider other than the Refractive Surgery Center (possible in some cases), it requires written approval from the alternative eye care provider (below):</p> <p style="margin-left: 40px;">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.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Eye Care Provider Printed Name/Phone Number</td> <td style="width: 50%; border-bottom: 1px solid black;">Eye Care Provider Signature</td> </tr> </table> <p>4. Member/Commanding Officer Commitment Checklist <b>(Initial by each statement)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Member</th> <th style="width: 10%; text-align: center;">CO</th> </tr> </thead> <tbody> <tr> <td>Member and CO has read and understand the information on this form.</td> <td></td> <td></td> </tr> <tr> <td>Member is not planning to separate or retire from the service after surgery: 6 months for Air Force and Army, and 12 months for other branches of the military.</td> <td></td> <td></td> </tr> <tr> <td>Member and CO understand there is little flexibility in exam dates / times.</td> <td></td> <td></td> </tr> <tr> <td>Member and CO understand that all appointments shall be kept as scheduled.</td> <td></td> <td></td> </tr> <tr> <td>Member and CO understand member will have convalescent leave after surgery as listed above.</td> <td></td> <td></td> </tr> <tr> <td>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.</td> <td></td> <td></td> </tr> <tr> <td>Member and CO understand that after convalescent leave, the member <b>may</b> have an additional period of limited duty depending upon speed of recovery, nature of work, the work environment, and until all medication is completed <b>(Approximately one month for LASIK and two months for PRK).</b></td> <td></td> <td></td> </tr> </tbody> </table> <p>5. At NHB Refractive Surgery Center, we will not do surgery on those service members who knowingly have orders to deploy OCONUS minimum one month from date of surgery for LASIK and minimum three months from date of surgery for PRK.</p> <p>6. Signature of member and CO (or "By direction" authority) indicates authorization for surgery and a commitment to comply fully with follow up requirements.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">Service Member: Printed Name</td> <td style="width: 45%; border-bottom: 1px solid black;">Commanding Officer: Printed Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature/Date</td> <td style="border-bottom: 1px solid black;">Signature/Date</td> </tr> </table>		a) Preoperative exams	Allow 1/2 day	b) Informed consent meeting	Allow 1/2 day	c) Surgery and convalescent leave	5 days	d) Immediate post-operative	Allow 1/2 day	e) One-month post-operative	Allow 1/2 day	f) Three-month post-operative	Allow 1/2 day	g) Six-month post-operative	Allow 1/2 day	Eye Care Provider Printed Name/Phone Number	Eye Care Provider Signature		Member	CO	Member and CO has read and understand the information on this form.			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