NAVAL AVIATION REFRACTIVE SURGERY CONSULT FORM

FORM CON0003A01

1. Patient Input (Please print in black ink):

Last Name:

First Name: MI:

Suffix (Jr, III): Call sign:

Rank: ☐ USN ☐ USMC

Grade: Birthdate (DDMMYY)

Sex: ☐ M ☐ F Your SSN: - -

☐ PILOT ☐ AIRCREW ☐ NFO ☐ _____ Total Hours:

Primary Aircraft: Time in type:

Primary NEC, MOS, Designator(s):

Unit Name:

Unit Address:

Unit City: Unit State (2 letters):

Unit Zip: Unit Country (if not US):

Unit Tel: ( ) - x

Home Address:

Home City: Home State (2 letters):

Home Zip: Home Country (If not US):

Home Area Code & Tel: ( ) -

Current Upchit: ☐ Yes ☐ No | Current Billet: ☐ DIFOPS ☐ DIFDEN | Next Billet: ☐ DIFOPS ☐ DIFDEN

Date Beginning Work-Up Cycle (DDMMYY):

Date Beginning Deployment (DDMMYY):

Pay Entry Base Date (DDMMYY):

2. Unit CO's Input:

I understand that the servicemember will be medically "down" for a minimum of 4 weeks: ☐ Yes ☐ No

Unit Co's Last Name:

Unit Co's Signature:

3. Ophthalmologist/Optometrist:

Uncorrected Visual Acuity OD: 20/(xxx): UCVA OS 20/(xxx):

	Sphere:	Cylinder:	Axis:	VA (20/xx):
RX OD:	.	.	x	
RX OS:	.	.	x	

If visual acuity with current correction is worse than 20/20, please provide a manifest refraction & BCVA:

M OD:	.	.	x	
M OS:	.	.	x	

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

☑ ≤ 0.50 D change in sphere or cylinder in last 12 months
☑ Realistic expectations about surgery
☑ No:
- Age < 21 years
- K. Sicca
- Keratoconus
- H/o HSK, HZK
- Pregnancy
- Thyroid Disease
- Diseases affecting healing: DM, Atopy, CV, AI, ID

Clinic Area Code & Tel: ( ) -

Oph/Optom Last Name:

Ophthalmolgist/ Optometrist Signature:

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

5. An e-mail confirmation will be returned to the servicemember and their unit.

Navy Refractive Surgery Center
Branch Medical Clinic
2650 Stockton Road
San Diego, CA 92106-6000
Tel: (619) 524-0555
Fax: (619) 524-1731
DSN: 524-
URL: http://navymedicine@us.med.navy.mil

Unit Admin/Personnel e-mail: @

Patient's e-mail: @