

**Refractive Surgery Center**  
**Naval Hospital Bremerton, WA**  
***Pre-surgical Checklist and Command Authorization Form***

\_\_\_\_\_ (Rank, Name) is scheduled for

laser eye surgery at the Naval Hospital Bremerton on \_\_\_\_\_. The following checklist will help prepare for travel, surgery and postoperative follow up care. Please complete this form and return it to the Refractive Surgery Center in Bremerton Hospital at least one week before travel. The surgery will not proceed without completion and return of this form.

Mail to: **REFRACTIVE SURGERY CENTER**  
**Naval Hospital Boone Rd**  
**Bremerton, WA 98312**  
Fax: (619) 524-1731

**Section I – Service Member**

Travel dates / flight scheduling: You will need to be in Bremerton and available for your preoperative exam no later than \_\_\_\_\_ (date / time). You can plan your return travel for no sooner than \_\_\_\_\_ (date / time).

Bring your medical record with you and remove your contact lenses no later than two weeks before departure if you wear soft contacts. If you wear hard or gas permeable contacts, please contact us immediately. You will need special exams before surgery. Bring a companion with you to assist you during the first two postoperative days, if at all possible. **NOTE: If you miss your preoperative exam, you will not be able to have the surgery.**

I understand and agree with the instructions listed above:

\_\_\_\_\_   
Service Member printed name

\_\_\_\_\_   
Service Member signature

**Section II – Local Eye Care Provider**

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

\_\_\_\_\_   
Eye care provider signature

**Section III – Service Member's CO / Supervisor**

I understand the above named service member is scheduled for laser eye surgery and will travel to Bremerton, WA for approximately one week on the dates listed above.

I understand that all costs of travel, meals, lodging and associated expenses will be paid either by the service member or by the service member's command.

I understand that the service member will be able to return to duty upon returning from Bremerton, but will not be medically cleared for "full and unrestricted duty" until he/she has completed postoperative medications (in most cases this is about 4 weeks).

I understand that the recommended follow up intervals (locally) are 1 month, 3 months, 6 months, and 12 months after surgery.

\_\_\_\_\_   
CO / Supervisor printed name

\_\_\_\_\_   
CO / Supervisor signature

*Addressograph*