

# Refractive Surgery Center – Naval Hospital Bremerton

## Command Authorization for Corrective Eye Surgery

A member of your command, (**Rank, Name**) \_\_\_\_\_ has the opportunity to have corrective eye surgery at the Naval Hospital Bremerton.

**Type of surgery:** \_\_\_\_\_ **Scheduled surgery date is:** \_\_\_\_\_ **Con leave after surgery: 4 days**

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) prior to surgery day. **Surgery will be cancelled without this form.** Fax # (360) 475-4411.
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	allow ½ day
b) Informed consent meeting	allow ½ day
c) Surgery and convalescent leave	1 to 5 days after surgery
d) One-week postoperative	allow ½ day
e) One-month postoperative	allow ½ day
f) Three-month postoperative	allow ½ day
g) Nine-month postoperative	<u>allow ½ day</u>

**Approximate total time away from duty: 2 to 4 full days + 6 half days**

3. If the service member desires or plans to receive follow up care from a provider other than the Refractive Surgery Center (possible in some cases), it requires written approval from the alternate eye care provider (below):

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

4. Member / CO Commitment checklist (initial by each statement):

	MBR	CO
Member and CO have read and understand the information on this form		
Member is not planning to separate or retire from the service for at least 12 months after surgery		
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 <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 1-month for LASIK, and 2 months for PRK</b> ).		

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

**Service Member**

**Commanding Officer**

**Printed Name** \_\_\_\_\_

\_\_\_\_\_

**Signature/date** \_\_\_\_\_

\_\_\_\_\_