

Warfighter Refractive Eye Surgery Program And Research Center at Fort Belvoir

Refractive Surgery Consult Form

1. Patient Input (Please PRINT clearly or complete online)

Last Name:		Unit:
First Name:		Unit Zip:
Rank:		Work Tel:
Job Title:		Mobile Tel:
Work email:		Home email:
LAST 4 SSN:	Birth date (DDMMYY):	ARMY <input type="checkbox"/> USMC <input type="checkbox"/> Your military branch USN <input type="checkbox"/> USCG <input type="checkbox"/> USAF* <input type="checkbox"/>
Age: (must be 21yrs old at time of surgery)	End of Active Service Date:	*USAF- aviators or aviation crew members will not be considered for surgery at this location and must complete forms for treatment at an AF facility: http://www.79mdw.af.mil/library/factsheets/factsheet.asp?id=20949
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> *Nursing or pregnant: yes <input type="checkbox"/> / no <input type="checkbox"/>		

2. Professional Recommendation: (to be completed by Ophthalmologist/ Optometrist)

Provider Name:		Provider Signature/ Digital Signature:	
Clinic Area code and telephone:		Provider email:	
Date of eye examination:			
UCVA	Sphere	Cylinder	Axis
OD: 20/	_____	_____ X	_____ 20/
OS : 20/	_____	_____ X	_____ 20/
Verification:		MRx > one year old: Date:	
<input type="checkbox"/> Previous LASIK or PRK / OD OS OU / date: _____ <input type="checkbox"/> CL wear: Y <input type="checkbox"/> or N <input type="checkbox"/> If yes, CL type: soft <input type="checkbox"/> toric <input type="checkbox"/> RGP <input type="checkbox"/> EW <input type="checkbox"/> <input type="checkbox"/> ≤ 0.50D change in sphere or cylinder in last 12 months <input type="checkbox"/> Dry eyes, blepharitis managed		OD: _____	
Hyperopic CRx: OD: _____ X _____ 20/_____		OS: _____ X _____ 20/_____	

3. Submission Instructions: (Please return a copy of the completed forms to)

Date of Submission: _____
➤ You must also complete and submit the Commander's authorization for your application to be reviewed. ➤ Email completed forms: ➤ OR drop off at: Fort Belvoir Community Hospital , Refractive Surgery Clinic, Meadows Pavilion, 2nd Floor, Reception Desk 3. **Please do not leave a copy of your form at an unattended reception. Reception desk hours: 0700-1530