

PRK/ LASIK Application Form Warfighter Refractive Eye Surgery Program (WRESP)

(Read Instructions completely before filling out application)

Instructions:

1. Type or print legibly all information on this form.
2. Enter all dates in the format dd-mmm-yyyy (example: 05-Aug-2006).
3. Applicant must DISCONTINUE CONTACT LENS WEAR for a minimum of 30 days prior to initial screening. Patient's will not be referred to a laser center until corneal stability is demonstrated.
4. If you are on aviation, special duty status or jump status, FIRST Contact your Unit Surgeon to determine if you need to complete any additional waiver's or authorizations before receiving surgery.

WRMC Laser Center	Location
Evans Army Community Hospital	Ft. Carson, CO

a. Last Name:		First Name:		MI:	b. Rank/ Grade:	c. Date of Application:	
d. SSN: (no dashes)	e. Date of Birth:	f. Age:	f. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	g. Primary MOS:		h. ETS Date	i. Likely to Deploy or PCS in the next 12 months? <input type="checkbox"/> Deploy <input type="checkbox"/> PCS Date (if known):
i. Unit							

k. Applicant's Duty Address: _____ _____ _____ _____ _____ _____ Duty Phone: (Commercial): () - _____ (DSN): () - _____ (FAX): () - _____	j. Primary email address: _____ l. Applicant's Home Address: Street: _____ _____ City: _____ State: _____ Zip: _____ Phone: () - _____
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n. Special Duty Status (Check with you Unit Surgeon before submitting):

<input type="checkbox"/> Aviator	<input type="checkbox"/> Ranger	<input type="checkbox"/> HALO	<input type="checkbox"/> Airborne
<input type="checkbox"/> Special Operations	<input type="checkbox"/> SCUBA	<input type="checkbox"/> Air Assault	<input type="checkbox"/> Other: _____

MANDATORY QUESTIONS:

Your initials indicate you completely understand the statement or question. If you don't understand, ask your local eye care clinic for help.

1. I understand that PRK/ LASIK may not correct all of my myopia, hyperopia, or astigmatism and that I may still need to wear glasses or contact lenses after PRK for best correction of my vision.	Init:
2. I understand that if PRK/ LASIK is not successful there is a possibility that I may lose my special duty status and/or may never meet vision standards for application into special duty programs.	Init:
3. I understand there is a chance I cannot be fitted with contact lenses after PRK/LASIK.	Init:
4. I understand there is a small risk of not meeting relevant vision standards after PRK/LASIK. As a result, I may be disqualified permanently from certain career fields or even continued military service.	Init:
5. I understand that during my evaluation at a WRMC laser center, I may be disqualified as a PRK/LASIK candidate and will not be treated. The final decision will be made by my surgeon.	Init:
6. If I am disqualified as a PRK/LASIK candidate after arriving at a WRMC laser center, I may not be eligible for reimbursement of expenses incurred for travel to/from the DoD laser center, including, but not limited to, travel, meals, and lodging. (This does not apply if I am unit-funded.)	Init:
7. Any history of eye injury or other eye history that might impact PRK/LASIK? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if answered "yes":	Init:

Signature of Applicant:	Print - (Last name, First name, MI)	Date:
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