

COUNSELING FORM FOR CORNEAL REFRACTIVE SURGERY TO BE PERFORMED IN THE CIVILIAN
HEALTH CARE SECTOR

1. I, _____ (Rank/Rate, First name, Last name, Service number) am seeking health care outside a federal source for corneal refractive surgery. My initials next to each of the following paragraphs indicate I have read and understand each section.

_____ 2. Per BUMEDINST 6320.72, and BUMED ltr 6320 SER31/0776 of 02JUL98, I have been counseled by my primary care provider, or a designated medical department representative. In particular, I acknowledge that I have been provided and have read a copy of the entire current version of the 'Corrective Eye Surgery Information.' This document is posted as a link on the BUMED home page: <https://navalmedicine.med.navy.mil/>. The purpose of this counseling is to inform me of current guidance I need to be aware of prior to having elective non-Military Health Care system surgery performed at my own expense. The purpose of this counseling is not to determine my actual suitability for corneal refractive surgery, as that determination must be made by my eye care provider.

_____ 3. I understand the availability of corneal refractive surgery in the Military Health Care System, and the priority being given to personnel in war fighting communities may limit the opportunity for me to have surgery performed by the Navy.

_____ 4. I understand there are different types of corneal refractive surgery, and that I may subsequently be found disqualified from entry into, or continued service in certain warfare communities, depending on the type of surgery that is performed on my eyes. It is my responsibility to know the current policy on refractive surgery in my rating or warfare community.

_____ 5. I understand that I must obtain the prior approval of my command to have corneal refractive surgery, regardless of whether surgery is performed in either the civilian or Military Health Care System. Any time away from work required as part of the pre-op evaluation, surgery and post-operative follow-up must be approved by my command.

_____ 6. I have been notified that I am responsible for all expenses associated with the pre-operative evaluation, surgical fees and post-operative care. The government cannot be responsible for out-of-pocket expenses that I may incur by an insurance carrier, or that I am unable to pay as part of the cost of the contemplated care.

_____ 7. I understand that after I have had my surgery in the civilian community, post-operative follow-up care will not be performed by a military treatment facility (MTF). If there are extenuating and unusual circumstances necessitating follow-up care at a Uniform Service Medical Facility following surgery in the civilian community, prior approval by a Uniform Services Medical Facility (preferably Navy) must be obtained before the elective surgery is performed. Having the surgery performed in a geographic location remote from my duty station and then seeking routine follow-up care at my local MTF for an uncomplicated post-op course is generally not considered an appropriate extenuating circumstance.

_____ 8. I have been provided with a copy of the Medical Clearance Form for Return to Full and Unrestricted Duty Following Corneal Refractive Surgery. I have been directed to have my eye care provider complete this form after my surgery. I will return it to the Uniform Services Medical Facility where my outpatient records are kept, at which time a determination for fitness and continued service may be made by a medical department representative.

_____ 9. In the event of an irreversible adverse outcome that affects the ability to perform the duties of my rank or rate, I understand that I will be referred to the Physical Evaluation Board. Decisions regarding disposition and disability entitlement, if any, will be governed by guidance from SECNAVINST 1850.4D and the DoN Disability Evaluation Manual.

_____ 10. I have had my questions answered by a medical department representative and understand that this document will be placed in my outpatient medical record.

Service member's

Medical department

Medical department

Date