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

1. I,	(Rank/Rate, First name, Last
	(Rank/Rate, First name, Last umber) am seeking health care outside a federal source for corneal refractive tials next to each of the following paragraphs indicate I have read and understand
been counseled lan particular, I adversion of the 'C BUMED home particular me of cure Care system surgers.	UMEDINST 6320.72, and BUMED ltr 6320 SER31/0776 of 02JUL98, I have by my primary care provider, or a designated medical department representative. Exhaust Exh
System, and the	erstand the availability of corneal refractive surgery in the Military Health Care priority being given to personnel in war fighting communities may limit the me to have surgery performed by the Navy.
subsequently be communities, de	found disqualified from entry into, or continued service in certain warfare pending on the type of surgery that is performed on my eyes. It is my know the current policy on refractive surgery in my rating or warfare
refractive surger Health Care Sys	erstand that I must obtain the prior approval of my command to have corneal y, regardless of whether surgery is performed in either the civilian or Military tem. Any time away from work required as part of the pre-op evaluation, operative follow-up must be approved by my command.
operative evalua responsible for c	been notified that I am responsible for all expenses associated with the pretion, surgical fees and post-operative care. The government cannot be out-of-pocket expenses that I may incur by an insurance carrier, or that I am part of the cost of the contemplated care.
operative follow are extenuating a Medical Facility Services Medica performed. Hav and then seeking	erstand that after I have had my surgery in the civilian community, post- -up care will not be performed by a military treatment facility (MTF). If there and unusual circumstances necessitating follow-up care at a Uniform Service following surgery in the civilian community, prior approval by a Uniform I Facility (preferably Navy) must be obtained before the elective surgery is ing the surgery performed in a geographic location remote from my duty station groutine follow-up care at my local MTF for an uncomplicated post-op course is insidered 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		