

Refractive Surgery Center - TAMC

Command Authorization for Corrective Eye Surgery

A member of your command, _____ has the opportunity to have corrective eye surgery at Tripler Army Medical Center.

Type of surgery: ICL Scheduled surgery date is: _____ # days CON leave rec'd: 2(two)

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) on surgery day. ***Surgery will be cancelled without this form.***
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 over the next year. Required / recommended exam intervals include:

- | | |
|---|-------------|
| a) Preoperative exam | allow ½ day |
| b) Laser peripheral Iridotomy procedure | 1 day |
| c) Surgery and convalescent leave | 2 days |
| d) One-week postoperative visit | allow ½ day |
| e) One-month postoperative | allow ½ day |
| f) Three-month postoperative | allow ½ day |
| g) Six-month postoperative | allow ½ day |
| h) Twelve-month postoperative | allow ½ day |

* Post-op exam dates can be somewhat modified in advance in order to facilitate TAD/TDY, etc. but only with surgeon approval

Please see "Exam Requirements for ICL" for specific details on exams.

3. 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—No off-island TAD/TDY or deployment should be scheduled for two months after surgery		
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 may have an additional period of limited duty depending upon speed of recovery, nature of work, the work environment and until all medication is completed (usually no more than 1-week for ICL)		
Member and CO understand that member will be on a "No PT" profile for 2 weeks after surgery		
Member and CO will verify that the ICL is approved for use in patient's job code/occupation		
Member and CO understand this procedure is not authorized for US Air Force personnel		

4. ***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 _____
