Travis AFB Warfighter Refractive Eye Surgery Program (WRESP) Center Application Guide

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Application Instructions

1. **Digitally** complete all required forms, including this application guide/checklist, and submit in a **SINGLE PDF** via our organization email: **usaf.travis.60-mdg.mbx.dgmclasercenter@health.mil**.
2. You must be at least **21** years of age and ensure that you have the required **retainability** to receive refractive surgery from your surgery date: **6 months for Air Force and Army, 12 months for Navy, Marine Corps, and Coast Guard.**
3. Discontinue contact lens use before the first appointment: **30 days for soft lenses and 90 days for hard lenses.**
4. **Aviation and Aviation Related Special Duty (AASD)** personnel please refer to the Knowledge Exchange for complete application instructions: **https://kx.health.mil/kj/kx1/AFRefractiveSurgery/Pages/how_to_apply_for_dod_treatment_apm.aspx**.

Application Checklist (Check the corresponding boxes next to each section)

☐ Digitally completed and signed sections of the DHA Form 237, Request for Refractive Surgery Consultation, in the following order: (1) Applicant Information, (2) Command Authorization, (3) Referring Doctor's Recommendation and Co-Management Agreement. **Applicants local to Travis AFB and have had at least two annual eye exams, with manifest refractions (MRx) conducted 12 months apart, do not need to complete page 2 of the DHA Form 237**.

☐ AGR/ANG only: Include active-duty orders. ☐ N/A

☐ Patient Information and Medical History Form (Complete this form as the final step before submitting the package.)

☐ All required forms are complete and the package is ready to submit.