60th MDG Dependent and Retiree Refractive Eye Surgery Program (DRRESP) Center Application Guide

David Grant Medical Center, 60th Medical Group, DRRESP Center | Travis AFB, CA 94533 Contact: (707) 423-3146

Application Instructions and Guidance:

1. It is **highly encouraged** to **digitally complete** all required forms. Moreover, **do not leave any sections blank**.

2. Note that **Photorefractive Keratectomy (PRK)** is the only procedure offered at this time, you must be at least **18** years of age, your sponsor must be **stationed at Travis AFB for at least 12 months** from the date of surgery, and your Primary Care Manager (PCM) must be at David Grant Medical Center.

3. **Discontinue contact lens use** before the first appointment: **30 days for soft lenses and 90 days for hard lenses**.

4. **Complete all components** listed in Section 1 of the **60th MDG Dependent and Reiree Request for Refractive Surgery Consultation.**

5. Review the **Patient Acknowledgment and Agreement** section and **sign** where applicable.

6. Schedule an **exam** with your local **optometry clinic** to complete Section 2. Civilian referrals are acceptable (i.e., Vista Optical at the BX Mini Mall or your civilian optometrist).This exam is required to obtain a **referral** to ophthalmology for refractive surgery. Applicant must demonstrate stability in glasses prescription (manifest refraction) for at least 1 year. This requires at least two manifest refractions that are 12 months apart.

7. After receiving the referral, activate it through the **Patient Services Center (DGMC, 2nd floor, near radiology and the lab). If not seen by a DGMC optometrist,** activation can be accomplished by **delivering in person or by fax at 707-423-7535.**

8. Once Section 2 is complete and the referral is activated, complete the **Patient Information and Medical History Form** and email the complete application to the DRESP Center with the subject **"Dependent Application for Refractive Surgery"** using secure messaging through the **MHS GENESIS Patient Portal**. On the home page scroll down to "**Messages**" and click the button that says "**Send a message**" In the "**To**" line type "**Travis Ophthalmology Refractive Clinic**". Attach your completed application, enter a message, and click "**Send**." **Alternatively**, you may drop-off your application at the Opthalmology Department.

9. The DRESP Center will respond to the **application within 30 days**. If no response is received, follow up via email or phone. It is the applicant's responsibility to keep their contact information up to date.

10. After reviewing the application, the DRESP Center will determine eligibility for a refractive surgery consultation. Applicants who **meet the criteria may be offered refractive surgery consultation.**

11. If approved, you will be **contacted to schedule a consultation appointment**.

12. Once qualified and scheduled for surgery, you must **pay for the procedure (Debit/Credit only)**, prior to attending the consent briefing, at the **Cashier Cage/MSA Office in room 2A607**at David Grant Medical Center. An invoice will be provided for the applicant to pay for and receive a receipt. The receipt must be presented to the surgery center to proceed.

Instructions for Referring Providers

1. To be considered for the Dependent Refractive Eye Surgery Program (DRESP), the dependent must complete a screening exam with a optometrist or ophthalmologist.

2. The referring provider must complete Section 2: "Referring Optometrist/Ophthalmologist Recommendation."Any abnormalities in the exam must be documented in the comments section.