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

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Application Instructions

1. **Digitally** complete all required forms and submit them via our organization email: **usaf.travis.60-mdg.mbx.dgmclasercenter@health.mil**. **Applications must be submitted from a .mil account and encryption is encouraged when available.**
2. You must be at least **18** years of age and ensure that you have the required **retainability** to receive refractive surgery from your surgery date: **6 monthsfor Air Force and Army, 12 months for Navy, Marine Corps, andCoast Guard.**
3. **Digitally** complete and sign 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. The final form to complete before submission is our **Patient Information and Medical History Form**.
4. 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.
5. **AGR/ANG/Navy TAR/FTS**: Include active-duty orders.
6. **Discontinue contact lens use before the first appointment:** 30 days for soft lenses and 90 days for hard lenses.