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LASER REFRACTIVE SURGERY CENTER  
TRIPLER ARMY MEDICAL CENTER

LASER BRIEF ACKNOWLEDGEMENT

VERIFICATION OF VIEWING the Refractive Brief online

By signing below, I, \_\_\_\_\_, acknowledge that I have viewed the Refractive Brief on the Tripler Refractive Website in its entirety. If you have any questions regarding the information from the Refractive Brief, it will be answered at the Doctor Evaluation appointment.

Signature\_\_\_\_\_

Date\_\_\_\_\_