

	Test Code	OK-Lens Service (per time)	Fee (Order Lens from us)	Fee (Member)	Fee (Non Member)	Description of service
		Total (R1 - R6)	400	740	1,400	
Routine Follow up (Recommended every 3 months)	R1	Visual acuity at distance	✓	20	50	Test how well you can see at distance compare with normal vision
	R2	Visual acuity at near	✓	20	50	Test how well you can see at near compare with normal vision
	R3	Corneal Topography (Placedo Disc)	✓	300	500	Corneal mapping, lens centration during sleep, lens fitting evaluation
	R4	Routine Follow-up history taking	✓	-	-	Ask questions to find out if anything wrong
	R5	Ocular Health Exam	✓	200	400	Screening for abnormalities : Lid, Lash, Conjunctiva, Cornea, Anterior chamber, Iris, crystalline lens
	R6	Doctor Fee	✓	200	400	Routine follow up history taking, Summarized all test, Answer questions
First time check up			Total F1-F10	1,590	2,700	
	F1	Registration fee (for new patient only)		-	200	Keep your record in our database
	F2	OK Lens History Taking		100	200	Important data for doctor to evaluate OK lens using
	F3	Lens Check under microscope		100	200	Check lens : Crack, scratch, protein deposit, marking, engraving
	F4	Lens Diameter Measurement		50	100	Check lens diameter to record in History
	F5	Auto Refraction		20	50	Objective Refraction with Auto-refractor
	F6	K-reading		20	50	Measure average Corneal curvature in central cornea (3 mm.)
	F7	Subjective Refraction by Optometrist		300	300	Measure Refractive Error : Myopia, Astigmatism, Presbyopia
	F8	Pentacam 3D Scan 12 mm.		500	1,000	Corneal thickness, corneal abnormalities, Scan baseline cornea for lens design
	F9	NaFL Staining & Biomicroscope exam		200	300	Exam for corneal scratch, dry eye, allergy, tear film properties.
	F10	Refraction on top contact lens		300	300	To estimate myopia increase & lens correcting power
	Membership fee per year = 3,500 THB. (get one first time follow up package(F1-F10) & one routine package (R1-R6), and member fee for one year.					

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Special follow up	A1	Evaluate lens on eye with Fluorescein	200	200	300	Evaluate lens fitting, take video of lens with NaFl Pattern on eyes
	A2	Protein Cleaning (per 1 pair of Progent)	200	200	300	Clean protein with Progent protein cleaner(per time), process take 40 minutes, recommend at least every month
	A3	Pentacam CSP 3D Scan 18 mm.	1,000	1,000	1,500	Corneal thickness, corneal abnormalities, Scan baseline cornea for lens design + Scleral scan
	A4	Lash remove (per hair)	50	50	100	
	A5	Dominant / Non-Dominant eye Test	50	50	100	Measurement which eye work better at distance / near
	A6	Endothelial Cell Count	200	200	400	Corneal age evaluation, compare with normal age, related to corneal hypoxia
	A7	Axial Length	1,200	1,200	2,000	Gold standard for tracking myopia progression
	A8	Teach : Insert & Remove OK Lens	200	200	400	Corneal age evaluation, compare with normal age, related to corneal hypoxia
	A9	Ishihara Color Blindness Test	50	50	100	Color blindness / deficiency test
	A10	Non-Contact Tonometer	20	20	50	Measure Intraocular Pressure for glaucoma screening
	A11	Stereopsis at Distance	50	50	100	Test for depth perception(ability to see 3D image) at distance
	A12	Stereopsis at Near	50	50	100	Test for depth perception(ability to see 3D image) at near
	If you want to have an eye examination in addition to our package, then can select any test (on demand A1-A10) and pay service fee.					