驗光所費用收據(參考格式)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | ： | | 性別 | | | ：□男　□女 | | | 編號 | ： | | 檢查日期 | ： | / | | / |
| 自付費用項目 | | | | | | 金額 | | 自付費用項目 | | | | | | | | 金額 | |
| 1 | 視力檢查(裸視) Unaided vision | | | | |  | | 10 | 運動覺檢查(眼球運動功能EOM evaluation) | | | | | | |  | |
| 2 | 戴鏡後視力檢查VAcc | | | | |  | | 11 | 角膜地圖儀檢查(Corneal topography) | | | | | | |  | |
| 3 | 眼鏡度數測量 (Lensometry) | | | | |  | | 12 | 前導波像差分析高階驗光(Wavefront Aberrometry) | | | | | | |  | |
| 4 | 屈光度測量(自動驗光檢查) | | | | |  | | 13 | 多焦點眼鏡試戴評估(試片組試戴評估) | | | | | | |  | |
| 5 | 屈光度測量(自覺式驗光檢查) | | | | |  | | 14 | 驗光及眼鏡(驗光報告單) Refraction Report | | | | | | |  | |
| 6 | 屈光度測量(隱形眼鏡配鏡參數) | | | | |  | | 15 | 驗光結果報告(含稜鏡眼鏡配置) | | | | | | |  | |
| 7 | 隱形眼鏡配鏡(軟式隱形眼鏡) | | | | |  | | 16 |  | | | | | | |  | |
| 8 | 隱形眼鏡配鏡(硬式隱形眼鏡) | | | | |  | | 17 |  | | | | | | |  | |
| 9 | 色覺異常檢查 | | | | |  | | 18 |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | |
| ○○○驗光所 | | | | |  | 機構名稱：○○○驗光所 | | | | | | 機構代碼：5YP03000000號 | | | | | |
|  | | | | |  | 機構地址：臺中市○○區○○路○段○號 | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 應繳金額：新台幣　　仟　　佰　　拾　　元整　　收款人： | | | | | | | | | | | |
| 收款日期：　　　　年　　　　月　　　　日 | | | | | | | | | | | |
|  | | | 負責人：○○○ | |  | ※本收據經塗改或未加蓋驗光所戳章均屬無效 | | | | | | | | | | | |
| 第一聯：　　　　第二聯：　　　　第三聯： | | | | | | | | | | | | | | | | | |