YOUR EYES. YOUR ROUTINE. YOUR DECISION.

Is Ortho-K right for me?

A practical guide to sleepSEE Ortho-K, daily care, and the questions that matter.

01

At bedtime

Wear the custom lenses on the schedule your eye doctor sets.

02

In the morning

Remove the lenses. Clean and disinfect them using your prescribed care system.

03

In your day

The goal is less need for daytime glasses. Results vary, and follow-up care matters.

01 / UNDERSTAND THE FIT

What Ortho-K can do

Less need for daytime glasses starts with the right eye exam.

A change in shape, not surgery

Ortho-K means orthokeratology. You wear custom lenses while you sleep. They change the shape of the cornea, the clear front of your eye, to help you see in the day. The effect is temporary. You need ongoing lens wear on the schedule your doctor sets. [1]

Your prescription is only one part of the decision

The doctor checks your eye health, tear film, and a detailed map of your cornea. Tell them about dry eyes, allergies, past infections, eye surgery, and all medicines or eye drops. Bring your current glasses and contact lens details.

What prescription range can it treat?

Prescription limits depend on the lens design and your eyes. Ask whether your level of myopia and astigmatism can be treated with sleepSEE. A prescription number alone cannot tell you if you qualify. The doctor also needs to check the shape and health of your cornea. [1]

Check your readiness

- [ ] I can follow a steady sleep and lens-care routine.
- [ ] I can attend early checks and ongoing eye exams.
- [ ] I have a safe backup vision plan if my vision varies.
- [ ] I can cover the first-year fee and ongoing care costs.

Unchecked boxes are planning needs, not a failed test. Tell the doctor what may be hard to manage.

Source [1] and reading links are on page 8. This checklist does not decide candidacy.

02 / SET USEFUL GOALS

How will Ortho-K fit your day?

Tell us what clear vision needs to do for you.

Work, screens, and reading

Bring examples from a normal day: looking from a screen to a room, reading labels, or seeing a board. Clear distance vision does not guarantee clear reading vision as you age. Ask which of your goals Ortho-K can meet and where you may still need help.

Driving and low light

Discuss night driving before you start. Ask how early changes in vision, glare, or halos could affect your commute. Do not drive when your vision is not clear enough. Arrange a backup plan for the fitting period. [1]

Sports and active days

Ortho-K can reduce the need for daytime vision lenses. It does not protect your eyes from injury. Tell the doctor which sports you play and ask about eye protection. Plan how you will manage vision on a day when you cannot wear your overnight lenses.

Travel, shifts, or military duty

Describe your sleep schedule, travel, and access to a clean place for lens care. If your job has vision rules, check them with the proper medical authority before starting. This guide does not establish military, aviation, or job eligibility.

Turn a wish into a useful question

Instead of “Will I never need glasses again?” try “What vision can I expect for my work, reading, and night driving? How will we check that the result lasts through my day?” Your goals help the doctor judge whether sleepSEE is a good fit.

Use page 7 for visit questions and page 8 to record your main goal. Ortho-K is not right for every eye or every routine.

Source [1]. Outcomes vary. Your evaluation should address your own tasks and needs.

03 / MAKE THE COST USEFUL

Non-surgical and post-surgical prices

Know the program fee and what to budget for later.

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$93 evaluation: Credited toward the program if you enroll.
Non-Surgical Ortho-K: $2,400 first year. Includes program visits and remakes during the initial 30-day fitting period.
Post-surgical Ortho-K (after LASIK, adults): $2,850.
Later lens replacement: About $200 each, plus routine visits. Ask about supplies and current terms. [2]

A worked five-year example

Example: $2,400 + two $400 replacement pairs = **$3,200 before later visits, supplies, or extra lenses.** This assumes replacement in years 3 and 5; your timing may differ. Add those other costs for a full estimate. Do not count the credited $93 twice. This is not a quote.

Build your Ortho-K budget

Enter written estimates. Add the first-year total to all costs for years 2-5 for the five-year total. Include extra care or backup vision costs. Fields do not calculate totals.

First year

Program ($)	Other costs ($)	Year 1 total ($)

Years 2-5 combined

Visits ($)	Replacement lenses ($)	Supplies / other ($)

Your full five-year estimate

Year 1 total ($)	Years 2-5 total ($)	Five-year total ($)

Source [2]. Ask for current written fees, payment rules, and refund terms before paying.

04 / YOUR FIRST MONTH

Know what happens next

This is a planning guide. Your doctor sets your visit and wear schedule.

1

Before your first night

Complete the exam and lens fitting. Practice putting lenses in and taking them out until you feel ready. Ask the team to watch you clean them. Get written care steps, a backup vision plan, and an after-hours number.

2

The first night and early checks

Use only your prescribed lenses and care products. Confirm whether the first check is the next morning and whether to arrive wearing the lenses. Vision may change during the fitting period; arrange help with driving if needed.

3

Weeks 1-2: notice patterns

Note blur, glare, comfort, and how your vision holds up late in the day. Share what you notice at follow-ups. The doctor may adjust the fit. Do not change wear time, skip visits, or add old contacts on your own.

4

Weeks 3-4: review the plan

Ask whether your eyes and vision are meeting the agreed goals. Confirm later visits, lens replacement timing, and what to do after a missed night. If the plan is hard to follow, say so before small problems become habits.

Stop and call for eye symptoms

Pain, unusual redness, light sensitivity, discharge, or sudden blur can signal a serious problem. Remove the lenses and contact an eye doctor right away. Do not put them back in while you wait for advice. [3]

My first follow-up date and time

Office / after-hours phone

Sources [1, 3]. Your lens-specific instructions take priority over this general planner.

05 / MAKE THE ROUTINE LAST

Lens care that fits real life

Ortho-K is prescribed for sleep. That does not make all contact lenses safe to sleep in.

Build one clean routine

Wash and dry your hands before handling lenses. Use the exact cleaning and disinfection system your doctor recommends for your lens type. Keep tap water and saliva away from lenses and cases. Use fresh solution each time; never add new solution to old solution. Follow the full disinfecting time. [4]

Ask for a plan for these situations

A missed night or a late shift

Ask how a change in sleep or wear time may affect your next day. Get a safe backup vision plan before it happens.

A trip, field duty, or a camping weekend

Pack enough approved supplies, a clean case, backup vision help, and your office number. If you cannot clean lenses as directed, ask how to pause wear safely.

A lens falls out, is lost, or looks damaged

Do not put a damaged lens back in. Call for replacement advice. Ask how to manage vision while you wait.

You need to pause or stop wear

Contact the office for a safe plan. The cornea and vision can change after wear stops. Ask when to have vision checked and what to use while it settles. Do not assume your old prescription will be right.

Three things to confirm at lens training

Which solution and case do I use? How do I clean and replace the case? What do I do if water touches a lens? If a peroxide system is prescribed, use its special case and follow the full neutralizing time. Never put unneutralized peroxide in an eye. [4-5]

Sources [4-5]. Keep your written lens instructions with your supplies.

06 / MAKE THE VISIT COUNT

Six questions to take with you

Bring your glasses, prescription history, medicines list, and this guide.

1 **Am I a good fit, and why?**

Ask about the lens design, prescription limits, eye health, and any reason to treat another eye problem first.

2 **What result is realistic for my eyes?**

Discuss distance vision, reading, night driving, and when backup vision help may still be needed.

3 **How will we handle the first month?**

Confirm early visits, training, a missed night, and who to call if vision or comfort changes.

4 **What will my daily lens routine involve?**

Ask how much time to set aside, which care products to use, and how to manage changes in sleep or travel.

5 **What is included in the full cost?**

Ask about later visits, supplies, remakes, lost lenses, refunds, and what changes if you stop.

6 **How will we know the plan is working?**

Agree on useful goals and a review date. Ask when you should return sooner.

My most important question or concern

Bring the cost planner on page 4. Ask for instructions you can read at home.

07 / KEEP YOUR NEXT STEP CLEAR

My decision and care plan

Fill this in with your eye-care team. All fields are optional.

What I want sleepSEE to help me do

One issue to solve before I start

My next appointment / action

Ready for an individual evaluation?

Your exam checks what is safe and realistic for your eyes. Evaluations have a fee. Review the current price and terms before booking.

Find a sleepSEE provider

Keep these trusted resources

[1] FDA · Understanding Ortho-K (on the lens types page)

[2] sleepSEE · Current fees and program terms

[3] FDA · Contact lens warning signs

[4] CDC · Healthy lens care and travel

[5] FDA · Hydrogen peroxide lens safety

General education, not a diagnosis or a personal care plan. Save a copy after filling it in, or print and write on it. Fees and device labels may change. Sources checked September 2026.