

# ALKA Hospital Pvt. Ltd.

Jawalakhel, Lalitpur, Nepal

## Test Price List (Department Wise)

\*Disclaimer: Prices may change without prior notice. ( Last updated on 01/04/2074)

### BIOCHEMISTRY

TESTNAME	GENERALTOTAL	FOREIGNERS\$
1 HR POST DINNER	80	160
24 HR URINARY ALBUMIN	520	1040
24 HR URINARY UREA	225	450
24 HRS URINARY AMYLASE	545	1090
24 HRS URINARY CALCIUM,	535	1070
24 HRS URINARY CREATININE	545	1090
24 HRS URINARY CREATININE CLEARANCE	650	1300
24 HRS URINARY MICROALBUMIN	915	1830
24 HRS URINARY NA, K	745	1490
24 HRS URINARY PHOSPHORUS	550	1100
24 HRS URINARY PROTEIN	620	1240
24 HRS URINARY URIC ACID	550	1100
24 HRS URINE P/C RATIO	755	1510
ADA TEST	1205	2410
ALBUMIN	270	540
ALBUMIN CREATNINE RATIO IN URINE	755	1510
ALBUMIN, GLOBULIN RATIO	455	910
ALKALINE PHOSPHATASE	440	880
AMYLASE	375	750
ASCIC FLUID FOR TRIGLYCERIEDE	330	660
ASCITIC FLUID FOR ALKALINE PHOSPATE	440	880
ASCITIC FLUID FOR AMYLASE	375	750
ASCITIC FLUID FOR LDH	1205	2410
ASCITIC FLUID FOR NA, K	685	1370
ASCITIC FLUID FOR PROTIN	270	540
ASCITIC FLUID TAP FOR ADA	1145	2290
ASCITIC FLUID TAP FOR ALBUMIN	345	690
ASCITIC FLUID TAP FOR SUGAR	85	170
BENCE JONES PROTEIN IN URINE	195	390
BILIRIBIN D/T	345	690
BILIRUBIN IN URINE	195	390
BILLIRUBIN DIRECT	195	390
BILLIRUBIN TOTAL (TSB)	175	350
BLOOD SUGAR - F	70	140
BLOOD SUGAR - PP	70	140
BLOOD SUGAR - R	70	140
BLOOD SUGAR 1.5HOUR	70	140
BLOOD SUGAR 1HR	70	140
BLOOD SUGAR 2HR (AFTER 75 GM GLUCOSE)	70	140

BLOOD SUGAR 3HR	70	140
BLOOD SUGAR 4 HR	70	140
BLOOD SUGAR 5 HR	70	140
BLOOD SUGAR AFTER BREAK FAST	70	140
BLOOD SUGAR AFTER SNACKS PP	70	140
BLOOD SUGAR HALF HOUR	70	140
BLOOD SUGAR POST DINNER	70	140
BLOOD SUGAR POST LUNCH	70	140
BLOOD SUGAR PRE LUNCH	70	140
BLOOD SUGAR- PREDINNER	70	140
BUN	375	750
CALCIUM	375	750
CAPD FLUID FOR PROTEIN	270	540
CAPD FLUID FOR SUGAR	90	180
CHOLESTEROL	315	630
CHYLE IN HYDROCELE FLUID	135	270
CHYLE IN URINE	135	270
CPK NAC	545	1090
CPK-MB	1130	2260
CREATININE	350	700
CREATININE CLEARANCE	685	1370
CRP QUANTITATIVE	1090	2180
CSF FLUID FOR LDH	1160	2320
CSF FOR ADA	1405	2810
CSF FOR PROTEIN	270	540
CSF FOR SUGAR	85	170
D-DIMER	2475	4950
FLUID FOR ADA	1160	2320
FLUID FOR AFB	230	460
FLUID FOR ALBUMIN	270	540
FLUID FOR LDH	1160	2320
FLUID FOR PROTIEN	270	540
FLUID FOR SUGAR	90	180
FLUID FOR URIC ACID	235	470
GAMMA GT	900	1800
GCT	100	200
GLOBULIN	455	910
GLUCOMETER	110	220
GLUCOSE TOLERANCE TEST	640	1280
GROWTH HORMONE	1910	3820
HDL	455	910
IRON PROFILE	3100	6200
KETONE	95	190
KFT	620	1240
LDH	1130	2260
LDL	375	750
LFT	650	1300

LIPASE	455	910
LIPID PROFILE	650	1300
LIPID PROFILE FASTING	650	1300
NA, K (SODIUM, POTASSIUM) ELECTROLYTE	560	1120
PERICARDIAL FLUID FOR ADA	1205	2410
PERITONEAL FLUID FOR ADA	1160	2320
PERITONEAL FLUID FOR ALBUMIN	270	540
PERITONEAL FLUID FOR AMYLASE	375	750
PERITONEAL FLUID FOR LDH	1205	2410
PERITONEAL FLUID FOR LIPASE	455	910
PERITONEAL FLUID FOR PROTEIN	270	540
PERITONEAL FLUID FOR SUGAR	85	170
PERITONEAL FLUID FOR UREA	240	480
PERITONEAL SPECIFIC GRAVITY	135	270
PHOSPHORUS	375	750
PLASMA OSMOLARITY	1640	3280
PLEURAL FLUID WET MOUNT FOR PARASITES	455	910
PLEURAL FLUID FOR LDH	1205	2410
PLEURAL FLUID FOR PROTEIN	285	570
PLEURAL FLUID FOR ADA	1205	2410
PLEURAL FLUID FOR ALBUMIN	270	540
PLEURAL FLUID FOR AMYLASE	360	720
PLEURAL FLUID FOR CHOLESTEROL	375	750
PLEURAL FLUID FOR SPECIFIC GRAVITY	135	270
PLEURAL FLUID FOR SUGAR	90	180
PLEURAL FLUID FOR TRIGLYCERIDE	455	910
POST HD TEST	550	1100
PRE HD TEST	1665	3330
PUS FOR ADA	1205	2410
RA FACTOR QUANTITATIVE	1090	2180
SERUM OSMOLARITY	1640	3280
SERUM MAGNESIUM	495	990
SGOT(AST)	375	750
SGPT(ALT)	415	830
SPOT RATIO FOR MICROALBUMIN	915	1830
SYNOVIAL FLUID FOR ADA	1205	2410
SYNOVIAL FLUID FOR LDH	1090	2180
SYNOVIAL FLUID FOR PROTEIN	270	540
SYNOVIAL FLUID FOR SUGAR	90	180
SYNOVIAL FLUID FOR TC,DC, ESR	175	350
SYNOVIAL FLUID FOR URIC ACID	230	460
SYNOVIAL FLUID FOR MALIGNANT	860	1720
TOTAL IRON BINDING CAPACITY	1160	2320
TOTAL PROTEIN	270	540
TRIGLYCERIDE	330	660
TROPONIN I	2105	4210
UREA	220	440

URIC ACID	180	360
URINARY AC RATIO	740	1480
URINARY ADA	1205	2410
URINARY AMYLASE	375	750
URINARY CALCIUM	375	750
URINARY CREATININE	455	910
URINARY LIPASE	455	910
URINARY MAGNESIUM	495	990
URINARY MICROALBUMIN	780	1560
URINARY NA/K	670	1340
URINARY OSMOLARITY	1640	3280
URINARY PC RATIO	740	1480
URINARY PHOSPHORUS	375	750
URINARY PROTEIN	375	750
URINARY TG	330	660
URINARY UREA	230	460
URINARY URIC ACID	375	750
URINE ACETONE	135	270
URINE DRUG SCREEN FOR AMPHETAMINES	2145	4290
URINE DRUG SCREEN FOR BENZODIAPINE	2090	4180
URINE DRUG SCREEN FOR CANABIES	2090	4180
URINE DRUG SCREEN FOR COCAINE	2145	4290
URINE DRUG SCREEN FOR MARIJUANA	2090	4180
URINE DRUG SCREEN FOR MORPHINE	2090	4180
URINE DRUG SCREEN FOR OPIATES	2145	4290
URINE DRUG SCREEN FOR THC	2145	4290
URINE LEUCOCYTES	235	470
URINE NITRATE	235	470
URINE SPOT CREATININE CALCIUM RATIO	740	1480
VLDL	430	860

#### ACCUPUNCTURE

TESTNAME	GENERALTOTAL	FOREIGNER\$
ACCUPUNCTURE	250	500

#### ANESTHESIA

TESTNAME	GENERALTOTAL	FOREIGNER\$
ANAESTHESIA MASK	1260	2520
ET TUBE SYLATE	420	840

#### AUDIOGRAM

TESTNAME	GENERALTOTAL	FOREIGNER\$
AUDIOGRAM	635	1270
HEARING AID	345	690
PILOT AUDIOGRAM	265	530
SPEECH THERAPY	315	630

**BACTERIOLOGY**

TESTNAME	GENERALTOTAL	FOREIGNERS
24 HRS URINARY AFB		545 1090
ASCITIC FLUID FOR AFB		195 390
ASCITIC FLUID TAP FOR GRAM STAIN		235 470
BRONCHIAL BRUSH FOR AFB		185 370
BRONCHO ALVEALAR LAVAGE AFB		195 390
BRONCHO ALVEALAR LAVAGE GRAM STAIN		235 470
CAPD FLUID FOR GRAIM STAIN		230 460
CSF FOR AFB STAIN		195 390
CSF FOR GRAM STAIN		235 470
EYE SWAB FOR GRAIM STAIN		230 460
FLUID FOR GRAM STAIN		230 460
FNAC FOR AFB STAIN		230 460
FNAC FOR GRAIM STAIN		230 460
GRAM STAIN		240 480
INDIA INK PERPARATION CRYPTOCCUS		375 750
NEEDLE ASPIRATION FOR AFB STAIN		195 390
NEEDLE ASPIRATION FOR GRAM STAIN		220 440
PERITONEAL FLUID FOR AFB		235 470
PERITONEAL FLUID FOR GRAM STAIN		235 470
PLEURAL FLUID FOR AFB STAIN		235 470
PLEURAL FLUID FOR CYTOLOGY 2ND		1180 2360
PLEURAL FLUID FOR FUNGAL STAIN		455 910
PLEURAL FLUID FORGRAM STAIN		235 470
PUS FOR AFB		195 390
PUS FOR GRAM STAIN		235 470
SPUTUM FOR AFB		10 20
SPUTUM FOR AFB (1ST DAY)		15 30
SPUTUM FOR AFB (2ND DAY)		15 30
SPUTUM FOR AFB (3RD DAY)		15 30
SPUTUM FOR AFB(4TH DAY)		15 30
SPUTUM FOR AFB(5TH DAY)		15 30
SPUTUM FOR AFB(6TH DAY)		15 30
SPUTUM FOR AFB(7TH DAY)		15 30
SPUTUM FOR GRAM STAIN		235 470
SUAB FOR GARM STAIN		235 470
SUCTION TIP GRAIM STAIN		230 460
SYNOVIAL FLUID FOR AFB STAIN		230 460
SYNOVIAL FLUID FOR GRAIM STAIN		230 460
THROAT SWAB GRAM STAIN		235 470
URETHERAL SMEAR FOR GRAM STAIN		545 1090
URETHRAL SMEAR FOR GC PC		560 1120
URINE AFB 1ST DAY		185 370
URINE AFB		185 370
URINE AFB 1ST DAY		165 330
URINE AFB 2DAY		195 390

URINE AFB 2ND DAY	165	330
URINE AFB 3DAY	195	390
URINE AFB 3RD DAY	165	330
URINE GC/PC	195	390
VAGINAL SWAB FOR DIRECT SMEAR	250	500
VAGINAL SWAB FOR GRAM STAIN	235	470
VAGINAL SWAB FOR WET FILM	375	750
VULVAL ULCER SWAB FOR AFB	150	300
WOUND GRAMSTAIN	450	900

**BRONCHOSCOPY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
BRONCHOSCOPY	6000	12000
BRONCHOSCOPY (PORTABLE)	0	0
BRONCHOSCOPY+TBNA	0	0

**CHEMO THERAPY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
CHEMO THERAPY	1200	2400

**C.H.P**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ADVANCE DIABETES PACKAGE -C	15395	30790
BASIC DIABETES PACKAGE - A	3345	6690
C.H.P OF CATEGORY - C	3045	5090
C.H.P. OF CATEGORY - A	7245	13490
C.H.P. OF CATEGORY - B	5045	9090
CARDIAC PACKAGE A	6595	13190
CARDIAC PACKAGE B	4650	9300
CARDIAC PACKAGE C	2650	5300
DIABETES PACKAGE - A	6508	13016
DIABETES PACKAGE - B	2760	5520
DIABETES PACKAGE - C	5135	10270
JAPAN HEALTH PACKAGE	5465	10930
KDTC ADVANCE DIABETES PACKAGE C	17175	34350
KDTC BASIC DIABETES PACKAGE A	3750	7500
KDTC TOTAL DIABETES PACKAGE B	4420	8840
THYROID PACKAGE	3542	7084
TOTAL DIABETES PACKAGE -B	3825	7650

**COLONOSCOPY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
COLONOSCOPY	4000	8000

**COUNSELING**

TESTNAME	GENERALTOTAL	FOREIGNER\$
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COUNSELING CHARGE 1000 2000

**ER CONSULTATION**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ER CONSULTATION	500	1000

**CT SCAN**

TESTNAME	GENERALTOTAL	FOREIGNER\$
CT ABDOMEN ORAL (PLAIN)	6320	12640
CT ANGIO (ABDOMEN) CONTRAST	11575	23150
CT ANGIO (CAROTID) CONTRAST	9260	18520
CT ANGIO (HEAD) CONTRAST	9260	18520
CT ANY SPINE MORE THAN 10	9115	18230
CT BONE & JOINT	5835	11670
CT CERVICAL SPINE	7290	14580
CT CHEST (CONTRAST)	7525	15050
CT CHEST (PLAIN)	6685	13370
CT DORSAL SPINE	7290	14580
CT EAR AXIAL & CORONAL (CONTRAST)	6020	12040
CT EAR AXIAL & CORONAL (PLAIN)	5470	10940
CT GUIDED FNAC	7290	14580
CT HEAD (CONTRAST)	4255	8510
CT HEAD (PLAIN)	3400	6800
CT HEAD + PNS (PLAIN)	5470	10940
CT HEAD +PNS (CONTRAST)	9260	18520
CT HEAD+ORBIT (CONTRAST)	6685	13370
CT HEAD+ORBIT (PLAIN)	5470	10940
CT HEAD+SELLA (CONTRAST)	5470	10940
CT HEAD+SELLA (PLAIN)	4255	8510
CT HEAD+TEMPORAL BONE (CONTRAST)	6685	13370
CT HEAD+TEMPORAL BONE (PLAIN)	5470	10940
CT HR-MASTOID	4055	8110
CT HRCT LUNGS (PLAIN)	6685	13370
CT LOWER ABDOMEN (CONTRAST)	7290	14580
CT LUMBAR SPINE	7290	14580
CT LUMBAR SPINE DISC	6685	13370
CT MANDIBLE	3310	6620
CT MYELO L/S OR D/L	7290	14580
CT NECK(SOFT TISSUE) CONTRAST	6685	13370
CT ORBITA AXIAL	3475	6950
CT ORBITA AXIAL & CORONAL (CONTRAST)	6685	13370
CT ORBITA AXIAL & CORONAL (PLAIN)	5470	10940
CT PNS AXIAL & CORONAL (CONTRAST)	6685	13370
CT PNS AXIAL & CORONAL (PLAIN)	5470	10940
CT PNS CORONAL	4620	9240
CT SCAN KIDNEY	2205	4410
CT TM JOINT WITH 3D(PLAIN)	5470	10940

CT UPPER ABDOMEN (CONTRAST)	7290	14580
CT UPPER ABDOMEN (PLAIN)	6685	13370
CT WHOLE ABDOMEN (CONTRAST)	8685	17370

**DERMATOLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
LASER HAIR REMOVAL(PER BODY PART)	3150	6300
LASER PHOTO FACIAL	3150	6300
LASER PIGMENTATION MARK FACE(AS PER SIZE)	3150	6300
LASER PIGMENTATION MARK SKIN	3150	6300
LASER PIMPLE SETTING(ONCE)	3150	6300
LASER TATTOO REMOVAL	3150	6300
LASER WRINKLE/SKIN TIGHTENING	3150	6300

**DIALYSIS**

TESTNAME	GENERALTOTAL	FOREIGNER\$
DIALYSIS 2ND TIME	3000	6000
DIALYSIS CHARGE	2800	5600
DIALYSIS NEW PATIENT	7000	14000
EMERGENCY DIALYSIS	5500	11000
EMERGENCY DIALYSIS VIA FEMORAL CATHETER	7000	14000
EMERGENCY DIALYSIS VIA SUB CLAVINE	9000	18000
FREE QUOTA DIALYSIS	2500	5000
FREE QUOTA PATIENT	2500	5000
ICU DIALYSIS	7000	14000
ICU DIALYSIS VIA DOUBLE LUMIN CATHETER (2ND)	9000	18000
ICU DIALYSIS VIA FEMORAL CATHETER	11000	22000
ICU DIALYSIS VIA FEMORAL CATHETER ( 2ND)	9000	18000
ICU DIALYSIS VIA FISTULA	9000	18000
ICU DIALYSIS VIA FISTULA (2ND)	7000	14000
ICU DIALYSIS VIA INTERNAL JUGULAR CATHETER	13000	26000
ICU DIALYSIS VIA INTERNAL JUGULAR CATHETER ( 2ND )	9000	18000
ICU DIALYSIS VIA LUMIN CATHETER	12000	24000
ICU DIALYSIS VIA TRIPLE LUMIN CATHETER	15000	30000
ICU DIALYSIS VIA TRIPLE LUMIN CATHETER ( 2ND)	9000	18000
NORMAL DIALYSIS	3000	6000

**DIABETS/ENDOCRINOLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
DIET COUNSELLING	370	740

**DRESSING**

TESTNAME	GENERALTOTAL	FOREIGNER\$
BURN DRESSING A	370	740
BURN DRESSING B	790	1580
BURN DRESSING C	1575	3150
DIALYSIS CATHETER TIP C/S	360	720



DRESSING EXTRA LARGE	500	1000
DRESSING INPATIENT	400	800
DRESSING LARGE	500	1000
DRESSING MEDIUM	350	700
DRESSING MICRO	100	200
DRESSING SMALL	250	500
FOLEY'S CATHETER INSERTION	350	700
HOME CALL DRESSING	2100	4200
I & D (A)	525	1050
I & D (B)	790	1580
I & D (C)	1050	2100
I/L INJECTION	210	420
INJECTION CHARGE	50	100
INJECTION MIDAZOLAM	55	110
INJECTION PHENARGAN	25	50
INJECTION STAGAN	15	30
NG TUBE INSERTION	370	740
PERI CARE	250	500
PERILIGHT	300	600
SUPRA-PUBLIC CATHETERIZATION	790	1580
SUTURE A	525	1050
SUTURE B	1050	2100
SUTURE C	2100	4200

**EXTRA BED CHARGES**

TESTNAME	GENERALTOTAL	FOREIGNER\$
AIR MATTRESS	150	300
BED CHARGE (MA)	450	900
DOUBLE BED CABIN EXTRA	3150	6300
ICU CHARGE EXTRA	5250	10500
ICU EXTRA CHARGE	4200	8400
POW EXTRA BED CHARGE	1380	2760
SDC ( FEMALE)	4575	9150
SDC (MALE)	3860	7720
SINGLE BED CABIN EXTRA	3150	6300

**ECG**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ECG	395	790

**ECHO**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ECHO	2000	4000
ECHO (BED SIDE)	3310	6620
PORTABLE ECHO	3310	6620

**EEG**

TESTNAME	GENERALTOTAL	FOREIGNER\$
BED SIDE EEG		2100 4200
BED SIDE EMG		4095 8190
EEG		1575 3150
EMG/NCT		4000 8000

#### EMERGENCY

TESTNAME	GENERALTOTAL	FOREIGNER\$
DC SHOCK		1500 3000
DEAD BODY CARE EMERGENCY		1575 3150
EMERGENCY		450 900
ER OBSERVATION		350 700

#### ENDOSCOPY

TESTNAME	GENERALTOTAL	FOREIGNER\$
BED SIDE ENDOSCOPY		4000 8000
ENDOSCOPY		2000 4000
NPL ( NASAL ENDOSCOPY)		1155 2310
SIGMOIDOSCOPY		3000 6000

#### ENT

TESTNAME	GENERALTOTAL	FOREIGNER\$
CHEMINAL COUNTRY		660 1320
DRESSING FOLLOWUP		100 200
EAR PACKING FOLLOWUP		100 200
NASAL PACKING FOLLOUP		100 200
SYRING		195 390
SYRING B/L		400 800

#### GYAENO /OBS

TESTNAME	GENERALTOTAL	FOREIGNER\$
CRYOTHERAPY		2625 5250

#### HEMATOLOGY

TESTNAME	GENERALTOTAL	FOREIGNER\$
ABSOLUTE ESINOPHIL COUNT (AEC)		300 600
ALDEHYDE TEST		195 390
APTT		725 1450
ASCITIC FLUID FOR RBC		195 390
ASCITIC FLUID TAP FOR TC DC		135 270
BLOOD MP		195 390
BLOOD PINT		660 1320
BT,CT		270 540
CAPD FLUID FOR TC, DC		135 270
CBC		510 1020
COMMENT ON RBC MORPHOLOGY		455 910
CROSS MATCH(PER PINT)		195 390

CSF FOR RBC	200	400
CSF FOR TC DC	110	220
CT	135	270
DC	110	220
ESR	110	220
FDP	2400	4800
FLUID FOR TC, DC	135	270
HB	105	210
HB-RDW	105	210
HBA1C/ GLYCOSYLATED HB	1125	2250
LE CELL (LUPUS ERYTHEMATOUS CELL)	465	930
MCH	135	270
MCHC	135	270
MCV	135	270
MCV,MCH,MCHC	285	570
MICROFILARIA	195	390
MIXING STUDY APTT	1380	2760
PCV (HCT)	140	280
PERIPHERAL BLOOD SMEAR	340	680
PERITONEAL FLUID FOR TC DC	110	220
PLATELET COUNT	195	390
PLEURAL FLUID FOR PH	250	500
PLEURAL FLUID FOR RBC	195	390
PLEURAL FLUID FOR TC DC	135	270
PT (INR)	415	830
RBC COUNT	195	390
RBC MARPHOLOGY IN URINE	270	540
RBC MORPHOLOGY	195	390
RDW	110	220
RETICULOCYTE	195	390
SYNOVIAL FLUID FOR TC,DC	135	270
SYNOVIAL FUILD FOR RBC	245	490
TC	110	220
TC, DC	135	270
TC,DC,ESR	175	350
TC,DC,HB	155	310
TC,DC,HB,ESR	225	450

**HEPATOLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ELASTOGRAPHY	4200	8400

**HISTOPATHOLOGY/CYTOPATHOLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ASCITIC FLUID FOR CYTOLOGY	1500	3000
ASCITIC FLUID FOR MALIGNANT CELL	1500	3000
BAL CYTOLOGY	1500	3000

BIOPSY REVIEW	1700	3400
BONE MARROW (STAINING AND REPORTING)	970	1940
BONE MARROW ASPIRATION / CYTOLOGY/MARPHIOLOGY	1220	2440
BONE MARROW BIOPSY	1825	3650
BONE MARROW SLIDE	970	1940
BRAIN BIOPSY	2000	4000
BRONCHIAL BRUSH FOR CYTOLOGY	1500	3000
BRONCHIAL BRUSH SMEAR AFB UNFIXED	1500	3000
BRONCHIAL BRUSH SMEAR CYTOLOGY FIXED	1500	3000
BRONCHIAL BRUSH SMEAR KOH MOUNT	1500	3000
BRONCHIAL WASH/BRONCHIAL LAVAGE FOR CYTOLOGY	1500	3000
CERVICAL BIOSPY	2500	5000
COLONOSCOPIC BIOPSY	2000	4000
CSF CYTOLOGY	1500	3000
CYTOLOGY REVIEW	500	1000
ENDOMETRIUM BIOPSY	2000	4000
ET SUCTION FOR CYTOLOGY	1500	3000
EXTRA LARGE BIOPSY	4000	8000
FLUID FOR CYTOLOGY	1500	3000
FNAC	2000	4000
FNAC FOR CULTURE	345	690
FNAC FOR CYTOLOGY	2000	4000
FNAC,CT/USGGUIDED	2000	4000
KIDNEY BIOPSY	3000	6000
LARGE BIOPSY	3500	7000
LIQUID BASED CYTOLOGY ( LBC )	1300	2600
LIVER BIOPSY	2000	4000
LUNG BIOPSY (THORAXOSCOPIC BIOPSY)	2000	4000
MEDIUM BIOPSY	2500	5000
OPERATIVE BIOPSY (GB, APPENDIX, TURP, U. BLADDER)	3000	6000
PERITONEAL FLUID FOR CYTOLOGY	1500	3000
PERITONEAL FLUID FOR MALIGNENT CELL	1500	3000
PLEURAL FLUID FOR CYTOLOGY	1500	3000
PLEURAL FLUID FOR MALIGNENT	1500	3000
POC FOR HPE	2000	4000
PUNCH BIOPSY (SKIN)	2000	4000
PUS CYTOLOGY	1500	3000
PUS FOR MALIGNET CELL	1500	3000
RADICAL OPERATION (TAH, RADICAL MASTECTOMY)	4000	8000
SMALL BIOPSY	2000	4000
SPUTAM FOR MALIGNET CELL(6DAYS}	1500	3000
SPUTUM FOR CHARCOT LEYDON CRYSTALS	500	1000
SPUTUM FOR CYTOLOGY	1500	3000
SPUTUM FOR CYTOLOGY (1ST DAY)	1000	2000
SPUTUM FOR CYTOLOGY (2ND DAY)	1000	2000
SPUTUM FOR CYTOLOGY (3RD DAY)	1000	2000
SPUTUM FOR EOSINOPHILS	500	1000

SPUTUM FOR MALIGNANT CELL (3RD DAY)	1000	2000
SPUTUM FOR MALIGNANT CELL(1ST DAY)	1000	2000
SPUTUM FOR MALIGNANT CELL(2ND DAY)	1000	2000
SYNOVIAL FLUID FOR CYTOLOGY	1500	3000
TBNA FIXED CYTOLOGY	1500	3000
TZANCK SMEAR	500	1000
URETHRAL SMEAR	500	1000
URINARY RBC CYTOLOGY	500	1000
URINE CYTOLOGY / URINE FOR EOSINOPHIL	1500	3000
URINE FOR EOSINOPHIL	500	1000

**ICU**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ICU ER IN	2205	4410
ICU ER OUT	2205	4410

**ICU ABG**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ABG(1ST)	1575	3150
ABG(2ND)	1315	2630

**IMMUNOLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
25 OH VITAMIN D	3395	6790
ALLERGIC FOOD AND INHALATION PANEL	11150	22300
ALLERGIC FOOD PANEL	6815	13630
ALLERGIC INHALATION PANEL	6815	13630
ALPHA FETO PROTEIN	1860	3720
ALPHA FETO PROTEIN (1:100)	1860	3720
ANTI CCP ANTIBODY	2360	4720
ANTI HBE ( HBEAB)	1890	3780
ANTI TPO ANTIBODY	1830	3660
BETA HCG	1305	2610
BETA HCG 1:100	1305	2610
C-PEPTIDE	2240	4480
C-PEPTIDE 5 HRS	2240	4480
C-PEPTIDE PP	2240	4480
CA 15.3	3140	6280
CA 19.9	2950	5900
CA125 (SERUM)	2950	5900
CEA	1860	3720
CORTISOL (SERUM)	1685	3370
CORTISOL (URINE)	2400	4800
ENA / ANA PROFILE	6195	12390
FERRITIN	1565	3130
FREE PSA	2125	4250
FREE T3	735	1470

FREE T4	735	1470
FSH	1535	3070
HBEAG	1890	3780
INSULIN	1775	3550
INSULIN 3 HRS	1775	3550
INSULIN 4 HRS	1775	3550
INSULIN 5 HRS	1775	3550
INSULIN FASTING	1775	3550
INSULIN PP	1775	3550
LH	1535	3070
LH 2 HRS	1535	3070
LH 4 HRS	1535	3070
PROLACTIN	1535	3070
PROLACTIN 1:100 DILUTION	2020	4040
SPERM WASH	300	600
TESTOSTERON	1535	3070
TFT (FT3, FT4, TSH)	1295	2590
TOTAL PSA	1675	3350
TSH	855	1710
VITAMIN B12	2360	4720

**INSTRUMENTS**

TESTNAME	GENERALTOTAL	FOREIGNER\$
K WIRE	685	1370
LIGASURE CHARGE 5MM MERRILAND JAW 37CM	5000	10000
LIGASURE CHARGE BLUNT TIP LAB 37 CM	4000	8000
LOOP CHARGE	2000	4000
RUSH NAIL	580	1160

**INHALATION CHARGES**

TESTNAME	GENERALTOTAL	FOREIGNER\$
O2 INHALATION	30	60
STEAM INHALER	55	110

**INJECTION**

TESTNAME	GENERALTOTAL	FOREIGNER\$
INJ LORAZEPAM	105	210
INJECTION MONACEF VIA IV SET	65	130
INJECTION PENCILLIAN	105	210
INJECTON MONOCEF WITH CANULA INSERT	105	210
SYNOVIAL INTRAARTICULAR INJECTION	1500	3000
SYNOVIAL INTRACUBICULAR INJ & ASPIRATION	2000	4000

**LAB**

TESTNAME	GENERALTOTAL	FOREIGNER\$
BELTECNO MEDICAL HEALTH PACKAGE	6695	13390
DRSP TEST PACKAGE	2705	5410

HELVETAS TEST PACKAGE	5375	10750
IMMUNOFIXATION (IFE)	14285	28570
IRON TRANSFUSION	590	1180
JEHOVAHS PACKAGE	1740	3480
KOICA HEALTH PACKAGE (FEMALE)	20325	40650
KOICA HEALTH PACKAGE (MALE)	18260	36520
LRBP TEST PACAKAGE	2580	5160
LRIP TEST PACKAGE	2580	5160
MACAU HEALTH PACKAGE	5575	11150
RAP TEST PACKAGE	3625	7250
ULLENS SCHOOL HEALTH PACKAGE	2435	4870

#### MICROBIOLOGY

TESTNAME	GENERALTOTAL	FOREIGNERS\$
ABDOMINAL ASPIRATION FOR FAECAL MATERIALS	240	480
ASCITIC FLUID FOR C/S	455	910
ASCITIC FLUID FOR PH	250	500
ASCITIC FLUID FOR PHYSICAL EXAMINATION	195	390
ASCITIC FLUID TAP FOR AFB CULTURE	455	910
AURAL SWAB FOR C/S	455	910
BAL AFB	200	400
BILE C/S	455	910
BLOOD C/S (BACTEC METHOD)	810	1620
BLOOD C/S (CVP LUMEUS-1)	455	910
BLOOD C/S(CVP LUMEUS-2)	455	910
BLOOD C/S(CVP LUMEUS-3)	455	910
BODY FLUID C/S	455	910
BONE CULTURE SENSITIVITY	355	710
BONE MARROW ASPIRATION FOR AFB STAIN	165	330
BONE MARROW ASPIRATION FOR LD(KALA-AZAR)	165	330
BONE MARROW ASPIRATION FOR MP	165	330
BONE MARROW C/S	820	1640
BRONCHOALVEOLAR LAVAGE C/S	455	910
CAPD FLUID FOR C/S	455	910
CATHETER TIP C/S	455	910
CERVICAL LYMPH NODE AFB	545	1090
CERVICAL LYMPH NODE C/S	375	750
CERVICAL LYMPH NODE GRAM STAIN	240	480
CHEST DRAIN C/S	455	910
CHEST DRAIN G/S	240	480
CSF C/S	450	900
CSF FLUID FOR ALBUMIN	270	540
CSF FLUID FOR CHLORIDE	305	610
CVP TIP C/S	455	910
DISC C/S	455	910
DRAIN C/S	430	860
DRAIN TIP C/S	495	990

EAR SWAB C/S	455	910
ENDOCARVICAL SWAB FOR C/S	455	910
ET TUBE C/S	455	910
EYE SWAB C/S	455	910
FEMORAL ARTEY TIP C/S	355	710
FLUID FOR C/S	455	910
FOLEYS CATHETER TIP C/S	455	910
HYDROCELE FLUID FOR C/S	455	910
JUGLAR TIP C/S	455	910
KOH	375	750
KOH FOR HAIR	375	750
NAIL SCRAPING C/S	410	820
NASAL DISCHARGE C/S	430	860
NASAL SWAB C/S	455	910
NEEDLE ASPIRATION FOR C/S	375	750
NG TIP C/S	455	910
NOSE SWAB C/S	455	910
PCN DRAIN C/S	410	820
PENILE SWAB C/S	410	820
PERITONEAL FLUID FOR C/S	455	910
PICK LINE TIPS C/S	395	790
PIG TAIL TIP C/S	455	910
PLEURAL FLUID FOR C/S	455	910
PLEURAL FLUID FOR KOH	375	750
PROSTATIC MASSAGE C/S	375	750
PUS C/S	450	900
PUS C/S (LT. SIDE)	450	900
PUS FOR AFB (LT. SIDE)	195	390
PUS FOR GRAM STAIN (LT. SIDE)	235	470
SAWB C/S FLWOOR	410	820
SCREW C/S	355	710
SEMEN C/S	720	1440
SKIN SMEAR FOR AFB STAIN	470	940
SPUTUM C/S	430	860
SPUTUM FOR FUNGAL STAIN ( KOH )	450	900
STOOL AFB 1ST	245	490
STOOL AFB 2ND	245	490
STOOL AFB 3RD	245	490
STOOL C/S	375	750
SUB-CLAVIAN TIP C/S	455	910
SUCTION TIP C/S	465	930
SWAB C/S	410	820
SWAB C/S OT ROOM B/E	410	820
SWAB C/S ( OT ROOM A)	410	820
SWAB C/S ( OT ROOM B)	410	820
SWAB C/S AUTOCLAVE BIG	410	820
SWAB C/S AUTOCLAVE SMALL	410	820



SWAB C/S BABY CURD	410	820
SWAB C/S BED	410	820
SWAB C/S CHEETAL FORCEP	410	820
SWAB C/S CIDEX TRAY	410	820
SWAB C/S CONJUMETIRAL	410	820
SWAB C/S COUTERY BUCKET	410	820
SWAB C/S FORMALINE CHAMBER	410	820
SWAB C/S GAUZE DRUM	410	820
SWAB C/S HAND	410	820
SWAB C/S MACHINE	410	820
SWAB C/S MEDIUM TROLLEY	410	820
SWAB C/S O.T. TROLLEY	410	820
SWAB C/S PASSAGE	410	820
SWAB C/S ROOM (ICU AI)	410	820
SWAB C/S ROOM (ICU AII)	410	820
SWAB C/S ROOM (ICU BII)	410	820
SWAB C/S ROOM(ICU BI)	410	820
SWAB C/S SYRINGE PUMP	410	820
SWAB C/S TABLE A	410	820
SWAB C/S TABLE B	410	820
SWAB C/S TABLE E	410	820
SWAB C/S TETRA DRUM	410	820
SWAB FOR AFB	110	220
SWAB FOR GRAM STAIN	240	480
SYNOVIAL FLUID FOR C/S	465	930
TBNA FIXED AFB	200	400
THROAT SWAB C/S	430	860
TISSUE CULTURE	410	820
TRACHEAL ASPIRATE FOR C/S	455	910
TRACHEOSTOMY SWAB C/S	410	820
URETHERAL SMEAR FOR C/S	410	820
URETHRAL SWAB C/S	455	910
URINE C/S	355	710
URULILICAL SWAB FOR C/S	455	910
VAGINAL SWAB FOR C/S	455	910
VULVAL SMEAR FOR GRAM STAIN	355	710
WATER C/S	410	820
WOUND SWAB C/S	450	900

**BIPAP**

TESTNAME	GENERALTOTAL	FOREIGNER\$
BI-PAP/C PAP	220	440
BIPAP IN ICU	4000	8000
HOSPITAL BIPAP WARD	200	400
RENTED BIPAP WARD	300	600

MYCOLO		MYCOLOGY	
TESTNAME	GENERALTOTAL	FOREIGNERS\$	
ET FUNGAL STAIN		355	710
FUNGAL STAIN		355	710
FUNGAL SCRAPINGS		355	710
KOH NAIL FOR FUNGI		355	710
KOH PREPARATION FOR URINE		355	710
KOH SKIN SCRAPING		355	710
PERITONIAL FLUID FOR FUNGAL STAIN		355	710
PUS FOR FUNGAL		355	710
SPUTUM FOR FUNGAL STAIN		355	710

OBSERVATION			
TESTNAME	GENERALTOTAL	FOREIGNERS\$	
BABY BATH		150	300
BABY SPONGING		150	300
SILZ BATH		265	530
SOAP WATER ENEMA		370	740

OPD CARD			
TESTNAME	GENERALTOTAL	FOREIGNERS\$	
ANC CARD		105	210
O.P.D		410	820
OPD CARD		20	40

OTH		OTHERS	
TESTNAME	GENERALTOTAL	FOREIGNERS\$	
BLOOD TRANSFUSION		550	1100
FENTALYNE 100 MCG		110	220
FENTALYNE 500 MCG		320	640
HOME CALL(MEDICAL OFFICER)		1050	2100
ICU ER CHARGE		2205	4410
IMPLANT INSERT		2500	5000
IMPLANT REMOVE		2500	5000
INFUSION PUMP		105	210
ISOFLURENE		25	50
IUCD INSERT		2500	5000
IUCD REMOVE		1000	2000
MONITOR		210	420
PEI THERAPY		4410	8820
PHELBECTOMY		525	1050
PHOTO THERAPY		50	100
PLASTIC STENT		1575	3150
SAVING SET		55	110
YELLOW FEVER CARD		105	210

<b>OXGE</b>		<b>O2 GAS,O2 CYLINDER &amp; NEBULIZER</b>	
<b>TESTNAME</b>	<b>GENERALTOTAL</b>	<b>FOREIGNER\$</b>	
NEBULIZATION		100	200
OXYGEN CHARGE(4LT/MIN)		60	120

<b>PARA</b>		<b>PARASITOLOGY</b>	
<b>TESTNAME</b>	<b>GENERALTOTAL</b>	<b>FOREIGNER\$</b>	
ACETONE		135	270
BILE PIGMENT IN URINE		175	350
BILE SALT IN URINE		195	390
BLOOD FOR MICROFILARIA		195	390
BLOOD MF		195	390
HYDROCIL FLUID FOR MF		195	390
HYDROCIL FOR CHYLE		135	270
LIVER ABSCECH FOR E. HISTOLYTICA		215	430
MP ANTIGEN		1090	2180
OCCULT BLOOD		110	220
OCCULT BLOOD (1ST DAY)		110	220
OCCULT BLOOD (2ND DAY)		110	220
OCCULT BLOOD (3RD DAY)		110	220
PLEURAL FLUID FOR EOSINOPHIL		500	1000
PLEURAL FLUID FOR SPECIFIC GRAVITY		240	480
REDUCING SUBSTANCES		135	270
SEMEN ANALYSIS		375	750
SPECIFIC GRAVITY		135	270
STOOL FOR CYCLOSPORA		80	160
STOOL FOR ISOSPORA		80	160
STOOL HANGING		95	190
STOOL PH LEVEL		135	270
STOOL R/E		65	130
STOOL R/E CONCENTRATION METHOD		135	270
URINE FOR FAT GLOBULES		90	180
URINE PH LEVEL		75	150
URINE R/E		60	120
UROBILINOGEN IN URINE		195	390

<b>P.F.T</b>		<b>GENERALTOTAL</b>	<b>FOREIGNER\$</b>
<b>TESTNAME</b>			
PFT		685	1370

<b>PHYSIO</b>		<b>GENERALTOTAL</b>	<b>FOREIGNER\$</b>
<b>TESTNAME</b>			
PHYSIO		400	800

<b>PLASTER</b>		<b>GENERALTOTAL</b>	<b>FOREIGNER\$</b>
<b>TESTNAME</b>			
PLASTER/CAST REMOVE		300	600

**PROCEDURE CHARGES**

TESTNAME	GENERALTOTAL	FOREIGNER\$
INTUBATION ER (B)	5250	10500
INTUBATION ER (A)	2625	5250
EXTUBATION	2100	4200
CVP LINE	2100	4200
PBU BED CHARGE	2000	4000
TAPPING THORASIC	1655	3310
JOINT INJECTION (PROCEDURE)	1050	2100
PBU ROUND CHARGE	1000	2000
NG FREE DRAIN INSERT	525	1050
IPC	450	900
SYRINGE PUMP	105	210

**PSYCHOLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
PSYCHOLOGICAL COUNSELOR	355	710

**REGISTRAR AND DUTY DOCTOR CHARGE**

TESTNAME	GENERALTOTAL	FOREIGNER\$
REGISTRAR	345	690
REGISTRAR	115	230

**SEROLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
A.S.O. TITRE	430	860
ANTI HAV IGG	1985	3970
ANTI HAV IGM	1985	3970
ANTI HEV IGG	2195	4390
ANTI HEV IGM	2195	4390
BLOOD GROUPING	95	190
BRUCELLA ANTIGEN	1030	2060
BRUCELLA ANTIBODY	1030	2060
CLIA SEROLOGY PACKAGE	2035	4070
CMV IGG ANTIBODY	1675	3350
CMV IGM ANTIBODY	1680	3360
DENGUE IGM/IGG ANTIBODY	2475	4950
DENGUE NS -1 ANTIGEN	2500	5000
H PYLORI ANTIBODY (BLOOD)	1305	2610
H PYLORI ANTIGEN (STOOL)	1305	2610
HAV IGM ANTIBODY	2120	4240
HBSAG (CLIA)	990	1980
HBSAG (SPOT)	450	900
HCV (CLIA)	1305	2610
HCV (SPOT)	685	1370
HCV ANTIBODY	1305	2610

HEV IGM ANTIBODY	2120	4240
HIV (CLIA)	1305	2610
HIV (SPOT TEST)	685	1370
HIV TEST	685	1370
K-39	3140	6280
LEPTOSPIRA IGG/IGM	2345	4690
MALARIA ANTIGEN	1055	2110
MANTOUX TEST	285	570
OPTIMAL TEST=MALARIA ANTIBODY	1130	2260
PREGNANCY TEST	135	270
RPR (VDRL)	650	1300
SCRUB TYPHUS	2300	4600
SEROLOGICAL TEST FOR MALARIA	960	1920
SEROLOGY SPOT PACKAGE	1200	2400
TPHA	900	1800
URINE AFB 4DAY	165	330
URINE AFB 5DAY	165	330
URINE AFB 6DAY	165	330
VDRL IN TITRE	455	910
VDRL TEST	230	460
WIDAL TEST	440	880

**T.M.T**

TESTNAME	GENERALTOTAL	FOREIGNER\$
T.M.T	2000	4000

**UROLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
GALL STONE ANALYSIS	1985	3970
RENAL STONE ANALYSIS	1985	3970
URINE FOR MALIGNANT CELL	715	1430
UROFLOWMETRY	840	1680

**U.S.G**

TESTNAME	GENERALTOTAL	FOREIGNER\$
BED SIDE USG	2890	5780
BED SIDE USG - ABD & PELVIS	1680	3360
BED SIDE USG - NECK	2890	5780
BED SIDE USG -LIMBS	2890	5780
BED SIDE USG CAROTID DOPPLER	4725	9450
BED SIDE USG DOPPLER SINGLE ARTERY	4830	9660
BED SIDE USG DOPPLER SINGLE VEIN	4830	9660
BED SIDE USG GUIDED ASPIRATION DIAGNOSTIC	4200	8400
BED SIDE USG GUIDED ASPIRATION THERAPEUTIC	7800	15600
BED SIDE USG TAPPING	2080	4160
BED SIDE USG- CHEST	2890	5780

BEDSIDE ECHO SCREENING	1500	3000
CAROTID DOPPLER	3235	6470
DAILYZING CATHETER INSERTION OF DIALYSIS	550	1100
FITAL CARDIAC SCREENING	2500	5000
HOLTER TEST	2500	5000
PCN	5775	11550
PTC	4390	8780
USG ANAMOLY SCAN	2890	5780
USG CAROTID DOPPLER	3235	6470
USG DOPPLER RENAL ARTERY	4620	9240
USG DOPPLER B/L ART & VEIN	9240	18480
USG DOPPLER B/L ARTERY	5775	11550
USG DOPPLER B/L VEIN	5775	11550
USG DOPPLER SINGLE ART & VEIN	5775	11550
USG DOPPLER SINGLE ARTERY	3235	6470
USG DOPPLER SINGLE VEIN	3235	6470
USG FETAL ASSIMENT	1000	2000
USG GUIDED ASPIRATION DIAGNOSTIC	2000	4000
USG GUIDED ASPIRATION THERAPEATIC	5200	10400
USG GUIDED CVP LINE	3310	6620
USG GUIDED DAILYZING CATHETER INSERT OF DIALYSIS	1655	3310
USG GUIDED DRAIN TUBE	5775	11550
USG GUIDED FNAC	2080	4160
USG GUIDED P.C.N	6000	12000
USG HEAD	1155	2310
USG LIMITED SCAN / AFI	350	700
USG OF ABDOMEN & PELVIS	700	1400
USG OF BISEP MASULS	1155	2310
USG OF BREAST	1155	2310
USG OF CHEST	1155	2310
USG OF FOLLICULOMETRY	5250	10500
USG OF HBS	735	1470
USG OF HIP JOINT	1155	2310
USG OF LEG/ ARM / GLUTEAL	1155	2310
USG OF NECK	1155	2310
USG OF PAROTID	1155	2310
USG OF SCALP	1155	2310
USG OF SCAPULAR	1155	2310
USG OF SCROTUM	1155	2310
USG OF SHOULDER	1155	2310
USG OF THIGH	1155	2310
USG OF THYROID GLAND	1155	2310
USG PERIPHERAL DOPPLER STUDY	2890	5780
USG TAPPING PROCEDURE	1385	2770
USG TRUS	1155	2310
USG TVS	1155	2310

**VACCINATION DEPT**

TESTNAME	GENERALTOTAL	FOREIGNERS\$
INJ ACT HIB(H.INFLUENZA)	685	1370
INJ AVAXIM 80	2365	4730
INJ DUAL ANTIGEN 0.5ML	25	50
INJ HEPATITIS A (ADULT)	2460	4920
INJ HEPATITIS A(CHILD) HEALIVE	2345	4690
INJ INACTIVATED INFLUENZA VACCINE	1360	2720
INJ MENACTRA A,C,Y & W 135	9190	18380
INJ MENINGITIS A+C(N.MENINGITIS)	1550	3100
INJ PENTAVAC 0.5ML(CHILD) (DPT BOOSTER)	625	1250
INJ PNEUMO-23	2230	4460
INJ PREVENAR 13 PFS	6075	12150
INJ ROTAVIRUS	4255	8510
INJ SHANVAC 1ML(HEPATITIS B)	220	440
INJ SII TD-VAC	25	50
INJ TRESIVAC 0.5ML(MMR)	250	500
INJ TRIPLE ANTIGEN 0.5ML(DPT)	35	70
INJ TYPBAR TCV 0.5	3775	7550
INJ TYPHIN VI	610	1220
INJ VARICELLA VACCINE	3095	6190
INJ VAXIGRIP ADULT(TIV)	1490	2980
INJ VAXIGRIP JUNIOR(TIV)	1165	2330

**X-RAY**

TESTNAME	GENERALTOTAL	FOREIGNERS\$
A/C JOINT AP XRAY	600	1200
ABDOMAN,ERECT AP	600	1200
ABDOMEN ERECT/SUPINE X-RAY	1000	2000
ABDOMEN SUPINE	600	1200
ANKALE AP/OBLIQUE	600	1200
ANKLE AP/LAT X-RAY	600	1200
ANKLE AP/LAT/OBL XRAY	600	1200
ANKLE LAT VIEW	600	1200
ANKLE MORTIC VIEW	600	1200
ANKLE,LEG,KNEE,AP/LAT(BELOW 5 YRS CHILD) XRAY	600	1200
ARM INCLUDING ELBOW JT AP/LAT XRAY	600	1200
ARM/HUMERUS AP/LAT X-RAY	600	1200
B/L AC JOINT AP VIEW	600	1200
B/L ANKLE AP	600	1200
B/L ANKLE AP/LAT XRAY	1000	2000
B/L ANKLE OBL VIEW	600	1200
B/L CALCENEUS AXIL/LAT	1000	2000
B/L CHEST LAT XRAY	1000	2000
B/L CHEST OBL X-RAY	1000	2000
B/L CLAVICAL AP VIEW	600	1200
B/L ELBOW AP/ LAT	1000	2000

B/L FEMUR/THIGH AP/LAT XRAY	1200	2400
B/L FOOT AP/ LAT/ OBG	1200	2400
B/L FOREARM AP/LAT	1000	2000
B/L HAND AP VIEW	600	1200
B/L HAND AP/ OBL VIEW	1000	2000
B/L HAND AP/LAT/OBG VIEW	1200	2400
B/L HEEL LAT X-RAY	600	1200
B/L HEEL LAT/AXIL XRAY	1000	2000
B/L HIP JOINT AP/LAT	1200	2400
B/L KNEE AP VIEW	600	1200
B/L KNEE AP(STANDING) XRAY	600	1200
B/L KNEE AP/LAT X-RAY	1000	2000
B/L KNEE AP/LAT/SKYLINE VIEW	1500	3000
B/L KNEE LAT VIEW	600	1200
B/L KNEE OBLIQUE VIEW	600	1200
B/L L/S SPINE OBLIQUE	1000	2000
B/L LEG AP/LAT XRAY	1000	2000
B/L MASTOID LAT/OBL	1000	2000
B/L SHOULDER AP X-RAY	600	1200
B/L SHOULDER AP-LAT X-RAY	1200	2400
B/L WRIST AP VIEW XRAY	600	1200
B/L WRIST AP/LAT VIEW	1000	2000
B/L ZYGOMETIC BONE AP VIEW	600	1200
BERIUM ENEMA (DC)	4200	8400
BERIUM F.THROUGH XRAY	4200	8400
BERIUM MEAL ( STOMACH & SUODENUM)	3700	7400
BERIUM SWALLOW	3000	6000
C ARM	10	20
C SPINE OBL XRAY	600	1200
C-SPINE AP XRAY	600	1200
C. SPINE AP/LAT X-RAY	1000	2000
C.SPINE AP/LAT-B/L OBL XRAY	1200	2400
C.SPINE AP/LAT/OBL XRAY	1200	2400
C.SPINE FULL FLEXION/EXTESION XRAY	1000	2000
C.SPINE LAT XRAY	600	1200
CALCANEUM AXIAL VIEW X-RAY	600	1200
CALCENUS AXIL/LAT X-RAY	600	1200
CHEST AP VIEW	600	1200
CHEST AP/LAT XRAY	1000	2000
CHEST AP/OBL XRAY	1000	2000
CHEST APICAL/APIOGRAM XRAY	600	1200
CHEST B/L DECUBITUS	1000	2000
CHEST DECUBITS VIEW XRAY	600	1200
CHEST ERECT VIEW	600	1200
CHEST LAT X-RAY	600	1200
CHEST OBLIQUE VIEW	600	1200
CHEST PA VIEW X-RAY(BED SIDE)	850	1700



CHEST PA VIEW XRAY	600	1200
CHEST(RT) DECUBITUS	600	1200
CHOLENGIOGRAM X-RAY	2500	5000
CLAVICAL AP X-RAY	600	1200
CLAVICAL AP/LAT XRAY	1000	2000
COCCYX AP/LAT X-RAY	1000	2000
COCCYX LAT VIEW X- RAY	600	1200
D/L SPINE AP/LAT X-RAY	1000	2000
DORSAL SPINE AP/ LAT VIEW	1000	2000
DORSAL SPINE LAT VIEW	600	1200
DORSO LUMBER AP X-RAY	600	1200
DORSO LUMBER SPINE AP/LAT	1000	2000
ELBOW AP/LAT X-RAY	600	1200
FEMUR/THIGH AP/LAT X-RAY	700	1400
FINGERS AP/LAT X-RAY	600	1200
FISTULOGAM X-RAY	3000	6000
FOOT AP/OBL XRAY	600	1200
FOOT ANY FINGERS AP/LAT X-RAY	600	1200
FOOT AP VIEW	600	1200
FOOT AP/LAT X-RAY	600	1200
FOOT AP/LAT/OBL VIEW	700	1400
FOOT LAT VIEW	600	1200
FOREARM AP/LAT X-RAY	600	1200
FOREARM INC. ELBOW WRIST JT AP/LAT XRAY	600	1200
FOREARM INC.WRIST JT AP/LAT X-RAY	600	1200
GASTROGRAFFIN FOLLOW THROUGH	4200	8400
HAND AP VIEW	600	1200
HAND AP/LAT X-RAY	600	1200
HAND AP/OBL X-RAY	600	1200
HAND LAT VIEW	600	1200
HAND,WRIST,FOREARM AP/LAT XRAY	600	1200
HEEL AP/LAT	600	1200
HEEL LAT/AXIL XRAY	600	1200
HIP AP VIEW	600	1200
HIP JOINT AP/ X-RAY	600	1200
HIP JOINT AP/LAT XRAY	1000	2000
HIP LAT VIEW XRAY	600	1200
HSG (HYSTEROSALPHINGO GRAPHY) XRAY	3700	7400
IVU/ IVP X-RAY	2600	5200
KNEE AP/LAT X-RAY	600	1200
KNEE AP/LAT/OBL	700	1400
KNEE LATERAL VIEW	600	1200
KNEE OBL. VIEW	600	1200
KNEE SKYLINE VIEW X RAY	600	1200
KNEE TUNNEL VIEW X-RAY	600	1200
KUB XRAY	600	1200
L/S AP/LAT/B/LOBL XRAY	1400	2800

L/S SPINE LAT VIEW	600	1200
L/S SPINE AP/LAT X-RAY	1000	2000
L/S SPINE AP/LAT/OBG XRAY	1200	2400
L/S SPINE FLEXION X-RAY	600	1200
LEG AP/LAT X-RAY	600	1200
LOOPOGRAM	3700	7400
LS SPINE AP/LAT & FLEXION/EXTENSION	1400	2800
LUMBER SACRAL AP/LAT/OBL	1400	2800
LUMBER SACRAL LAT VIEW	600	1200
LUMBER SACRUM AP/LAT & FLEXION/EXTENTION	1400	2800
LUMBER SPINE AP/LAT & FLEXION/ EXTENTION	1400	2800
LUMBER SPINE AP/LAT XRAY	1000	2000
LUMBO SACRAL AP XRAY	600	1200
MANDIBLE AP XRAY	600	1200
MANDIBLE AP/LAT	1000	2000
MANDIBLE LAT/ OBG X- RAY	1000	2000
MASTOID LAT OBL VIEW	600	1200
MASTOID TAWNS LAT/OBL VIEW	1400	2800
MASTOID TOWNS VIEW	600	1200
MCU CYSTO URETHRO GRAM XRAY	3000	6000
NASAL SPINE AP/LAT XRAY	700	1400
NASAL SPINE LAT XRAY	600	1200
NECK AP/LAT X-RAY	1000	2000
NECK LAT VIEW XRAY	600	1200
NEPHROGRAM FLURO X-RAY	1600	3200
ORBIT AP/LAT VIEW XRAY	1000	2000
ORBIT AP/LAT/OM VIEW XRAY	1400	2800
ORBIT VIEW X-RAY	600	1200
PALM AP/LAT XRAY	600	1200
PELVIC FROG LEG VIEW XRAY	600	1200
PELVIS AP/ HIP LAT XRAY	1000	2000
PELVIS AP VIEW XRAY	600	1200
PELVIS AP/LAT VIEW	1000	2000
PELVIS INCLUDING BOTH HIP JOINT X-RAY	600	1200
PNS LAT VIEW	600	1200
PNS OM VIEW XRAY	600	1200
PNS OM/LAT XRAY	1000	2000
PNS WATERS VIEW XRAY	600	1200
PORTABLE THIGH AP/LAT	1400	2800
RGU- RETRO GRADE URETHROGRAM	3000	6000
RGU/MCU X-RAY	5000	10000
RIBS AP VIEW	600	1200
RIBS AP/ OBG	1000	2000
S I JOINT AP/ OBL VIEW	1000	2000
S I JOINT OBG VIEW	600	1200
S.I JOINT AP/B/L OBL XRAY	1200	2400
S.I. JOINT AP XRAY	600	1200

SACRO COCCYX AP/LAT	1000	2000
SACRO COCCYX LAT VIEW XRAY	600	1200
SACRUM / LAT VIEW	600	1200
SACRUM AP\LAT	1000	2000
SCAPHOID VIEW XRAY	1000	2000
SCAPULAR AP XRAY	600	1200
SCAPULAR AP/LAT XRAY	1000	2000
SHOULDER AP XRAY	600	1200
SHOULDER AP/AXIL X-RAY	1000	2000
SHOULDER AP/LAT X-RAY	1000	2000
SHOULDER AP/OBL XRAY	1000	2000
SHOULDER LAT VIEW	600	1200
SIALOGRAPHY/SIALOGRAM	3700	7400
SINOGRAM	3000	6000
SKULL AP VIEW	600	1200
SKULL AP/LAT XRAY	1000	2000
SKULL LAT VIEW X-RAY	600	1200
SKULL OM VIEW	600	1200
SOFT TISSUE NECK AP XRAY	600	1200
SOFT TISSUE NECK AP/LAT XRAY	1000	2000
SOFT TISSUE NECK LAT VIEW	600	1200
STERNUM LAT	600	1200
SWIMER VIEW	600	1200
T TUBE CHOLENGIOGRAM	3000	6000
T.M.J.AP/OPEN/CLOSE XRAY	1200	2400
TB SCREENING DPHO XRAY	300	600
THIGH AP	600	1200
THIGH AP-LAT	1000	2000
THIGH INC. KNEE AP/LAT(BELOW 12 YRS) XRAY	600	1200
THORASIC/ D.L SPINE AP/LAT XRAY	1000	2000
THORUCO LUMBER SPINE AP/LAT	1000	2000
THUMB AP/LAT XRAY	600	1200
TIBIA/FEBULA AP/LAT X-RAY	600	1200
TMJ AP/LAT	1000	2000
TOE AP/ OBL	600	1200
TOE AP/LAT X-RAY	600	1200
TRANS THORACIC LAT	600	1200
URETHROGRAPHY	3000	6000
UROGRAFIN FOLLOW THROUGH	4000	8000
WRIST AP\LAT\OBL XRAY	700	1400
WRIST JOINT AP/LAT X-RAY	600	1200
WRIST LAT VIEW	600	1200
WRIST OBL XRAY	600	1200
X RAY SICLOGRAM OF BOTH	4840	9680
ZYGOMETIC BONE AP VIEW	600	1200

**VENTILATOR**

TESTNAME	GENERALTOTAL	FOREIGNER\$
VENTILATOR CHARGE	5775	11550
VENTILATOR CIRCUIT+FILTER	1575	3150

**PHARMOLOGY**

TESTNAME	GENERALTOTAL	FOREIGNER\$
ARCH(ACETYL CHOLINESTERASE RECEPTOR)	9765	19530
CHOLINESTERASE LEVEL	1680	3360

\*Disclaimer: Prices may change without prior notice. ( Last updated on 01/04/2074)