

Rates of Outpatient Services

RADIOLOGY DEPARTMENT

X-RAY SERVICES

EXAMINATION	RATE
ABDOMINAL UPRIGHT/SUPINE	750.00
ANKLE APLATERAL	400.00
CERVICAL AO/LAT	665.00
CHEST (APICOLORDOTIC VIEW)	320.00
CHEST PA	680.00
FOOT AP/LAT/OBLIQUE	450.00
HAND AP/OBLIQUE/LATERAL	450.00
LUMBOSACRAL AP/LAT	731.00
PELVIS AP	550.00
SHOULDER AP (INTERNAL & EXTERNAL ROTATION)	605.00
T-CAGE	660.00
THORACOLUMBAR 4 VIEWS	1,815.00

ULTRASOUND SERVICES

EXAMINATION	RATE
BREAST	1,650.00
HBT	1,300.00
KUB	1,235.00
KUB-PROSTATE	1,300.00
KUB-TRANSRECTAL	1,450.00
RLQ (APPENDIX)	550.00
THYROID	1,040.00
TRANS VAGINAL	1,300.00
WHOLE ABDOMEN	1,690.00

NOTE: Subject to change with due to notice from the management



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