

Investigation

[Charges for X-Ray, ECG, CTG, Mammography]

Test Name	Hospital charges
X-RAY	
Ordinary X-Ray	150
Portable Ordinary X-Ray (Bed Side)	250
Portable Digital X- Ray (Bed Side) -Chest	350
Shoulder A.P & Lateral	400
Straight X- Ray Sinuses (PNS)	200
XRay-Skull A.P.& Lateral	400
XRay - KUB	250
XRay-L.S. Spine A.P.& lateral	400
XRay-Cervical Spine A.P. & Lateral	400
XRay-Dorsal Spine A.P. & Lateral	400
XRay-Chest PA/ Lateral	200
X-Ray-Both Knee A.P. & Lateral	600
XRay- Knee A.P. & Lateral	300
XRay- Hip A.P. & Lateral	400
XRay- Hand A.P. & Oblique	250/500
XRay- Wrist A.P. & Lateral	250

Test Name	Hospital charges
XRay- Elbow A.P. & Lateral	250
XRay- Forearm A.P. & Lateral	250
XRay- Foot A.P. & Oblique	250
XRay- Leg A.P. & Lateral	250
XRay-Femur A.P. & Lateral	250
XRay-Hand A.P. & Oblique (both)	500
XRay-Wrist A.P. & Lateral (both)	500
XRay-Forearm A.P. & Lateral (both)	500
XRay-Both Ankles A.P. & Lateral	500
XRay-Both Legs A.P. & Lateral	500
Cardiotopography	250
E.C.G	200
MAMMOGRAPHY	
Single Breast	1000
Both Breast	1500
PHYSIOTHERAPY DEPT	
Exercise	50
Wax Bath	50
Infra red Ray	50
Traction	50
Short Wave Therapy	50
Ultra Sound Therapy	50
I.F.T (Interforential Therapy)	100
Electrical Stimulator	50
Cycling	50

Test Name	Hospital charges
DENTAL DEPT	
Filling with Zinc Oxide	50
X-Ray	60
Extraction of Tooth	100 per tooth
Glass inomer Cement filling	400
Composite filling	600
Root Canal with Crown (metal cap)	3000
Root Canal with Crown (Ceramic Cap)	4000
Removable Denture per teeth	250
Full Denture	6000
Scaling	500
Pulpotomy (Child)	1000
Metal Crown	1000 per tooth
PFM Crown	2000 per tooth
Cuspal Grinding	50
Crown Fixation	200
Surgical Extraction	500 onward
Post and CORE	1000