

RADIODIAGNOSIS

Sl. No	X-RAY	Rates
1	SKULL – AP/LAT	500
2	SKULL – AP	400
3	P N S – WATERS VIEW	400
4	MANDIBLE – AP	400
5	MANDIBLE – RIGHT	400
6	MANDIBLE – LEFT	400
7	MANDIBLE – AP/RIGHT LAT	480
8	MANDIBLE – AP/LEFT LAT	480
9	MASTOID – RIGHT	400
10	MASTOID – LEFT	400
11	ORBIT – AP/LAT	480
12	ORBIT – AP	400
13	NASAL BONE – LAT	400
14	T M JOINT – RIGHT	400
15	T M JOINT – LEFT	400
16	CERVICAL SPINE – AP/LAT	580
17	CERVICAL SPINE – LAT	360
18	THORACIC/DORSAL SPINE – AP/LAT	600
19	THORACIC/DORSAL SPINE – AP	400
20	THORACIC/DORSAL SPINE – LAT	400
21	LUMBAR SPINE – AP/LAT	600
22	LUMBAR SPINE – AP	400
23	LUMBAR SPINE – LAT	400
24	THORACO-LUMBAR SPINE – AP/LAT	600
25	THORACO-LUMBAR SPINE – AP	400
26	THORACO-LUMBAR SPINE – LAT	400
27	ENTIRE/WHOLE SPINE – AP/LAT	1500
28	PELVIS – AP	400
29	PELVIS – FROG LEG	400
30	HIP – AP/LAT	480
31	HIP – AP	400
32	S I JOINT – AP	400
33	COCCYX/SACRUM – AP/LAT	500

Sl. No	X-RAY	Rates
34	COCCYX – LAT	400
35	CHEST – AP	400
36	CHEST – PA	360
37	CHEST – AP/LAT	480
38	CHEST – LAT	360
39	ABDOMEN – SUPINE/AP	480
40	ABDOMEN – ERECT	600
41	SHOULDER – AP	360
42	SHOULDER – AP/'Y' VIEW	480
43	SHOULDER – AP/AXIAL	480
44	SHOULDER – AP/AXIAL/OBLIQUE	600
45	SCAPULA – AP	360
46	CLAVICLE – AP/LAT	360
47	HUMERUS – AP/LAT	360
48	ELBOW – AP/LAT	360
49	FORE ARM – AP/LAT	360
50	WRIST – AP/LAT/OBLIQUE	480
51	WRIST – AP/SCAPHOID	360
52	WRIST – AP/OBLIQUE	360
53	HAND – AP/LAT	360
54	HAND – AP/OBLIQUE/LAT	360
55	HAND – AP/LAT	480
56	FINGERS – AP	360
57	FEMUR – AP/LAT	480
58	FEMUR – AP/LAT	360
59	KNEE – AP/LAT	360
60	KNEE (BOTH-STANDING) – AP/LAT	700
61	KNEE (RT-STANDING) – AP/LAT	400
62	KNEE (LT-STANDING) – AP/LAT	400
63	KNEE – AP/LAT/OBLIQUE	480
64	KNEE – AP/SKYLINE	400
65	KNEE – AP/LAT/SKYLINE	500
66	LEG – AP/LAT	360

Sl. No	X-RAY	Rates
67	ANKLE – AP/LAT	360
68	ANKLE – AP/LAT/OBLIQUE	480
69	FOOT – AP/OBLIQUE	360
70	FOOT – AP/LAT	360
71	FOOT – AP/LAT/OBLIQUE	480
72	TOES – AP/LAT	360
73	CALCANEUM/HEEL –LATERAL	360
74	CALCANEUM/HEEL – AXIAL	360
75	CALCANEUM/HEEL – LATERAL/AXIAL	480
76	PORTABLE X-RAYS – (AS PER VIEW)	600
77	DCG – RT.ORBIT	1500
78	DCG – LT.ORBIT	1500
79	DCG – BOTH.ORBIT	2500

RADIODIAGNOSIS

Sl. No	ULTRASOUND SCANNING	Rates
1	AFI WITH DOPPLER	800
2	Anomaly Scan	2000
3	Arterial Doppler study (both limb)*	2800
4	Arterial Doppler study (for single limb)*	1400
5	AV Fistula Doppler	1500
6	AV Fistula Doppler Review	750
7	AV Mapping Bilateral	6000
8	AV Mapping Single Limb	3000
9	Bedside USG Abdomen	1200
10	Carotid & vertebral Arterial Doppler	1400
11	Dating scan/ Early Pregnancy scan	1000
12	Fibro scan	2500
13	Follicular study*	1200
14	Follow Up	350
15	General abdomen & Pelvis	800
16	IJV Subclavian Vein Doppler Both Side	1200
17	IJV Subclavian Vein Doppler One Side	600
18	Neurosonogram	1200
19	Obstetrics Doppler study	1200
20	Obstetrics Growth Scan	1000
21	Obstetrics scan NT scan	1300
22	Pleural Tapping	1500
23	Renal Doppler study	1400
24	Ultrasound Guided Marking Charges	600
25	USG Breast	2500
26	USG Cranium	1200
27	USG GUIDED BREAST BIOPSY-BILATERAL BREAST	3000
28	USG GUIDED BREAST BIOPSY-UNILATERAL BREAST	1500
29	USG GUIDED CENTHESIS CATHETER INSERSION DOUBLE	5500
30	USG GUIDED CENTHESIS CATHETER INSERSION SINGLE	3000
31	USG Guided FNAC	1000
32	USG GUIDED FNAC LOCAL AREA/BREAST	1000
33	USG GUIDED I&D	1500

Sl. No	ULTRASOUND SCANNING	Rates
34	USG GUIDED LIVER BIOPSY	2000
35	USG GUIDED LUNG BIOPSY-BIILATERAL	4000
36	USG GUIDED LUNG BIOPSY-UNILATERAL	2000
37	USG GUIDED PIGTAIL INSERTION	2000
38	USG GUIDED PLEURAL TAPPING -DIAGNOSTIC	1000
39	USG GUIDED PLEURAL TAPPING -THERAPEUTIC(1HRS)	1200
40	USG GUIDED PLEURAL TAPPING -THERAPEUTIC(2HRS)	1400
41	USG GUIDED PLEURAL TAPPING -THERAPEUTIC(3HRS)	1600
42	USG GUIDED PLEURAL TAPPING -THERAPEUTIC(4HRS)	1800
43	USG GUIDED PLEURAL TAPPING-UNILATERAL	1500
44	USG GUIDED RENAL BIOPSY-BILATERAL	4000
45	USG GUIDED RENAL BIOPSY-UNILATERAL	2000
46	USG GUIDED SOFT TISSUE BIOPSY	2000
47	USG KUB	750
48	USG Scrotum	1200
49	USG Small Parts	1200
50	USG SPINE	1200
51	USG Thorax	1200
52	USG Thyroid	1200
53	Venous Doppler study (both limb)	2800
54	Venous Doppler study (for single limb)	1400
55	AFI	350
56	USG Pelvis	700
57	Bedside USG Doppler study(Single Limb)	1900

RADIO DIAGNOSIS

Sl. No	CT	Rates
1	CT BRAIN	2200
2	CT FACIAL BONE	2200
3	CT PNS	2600
4	CT BRAIN+PNS	3600
5	CT ORBIT	2600
6	CT BRAIN+PNS+ORBIT	5400
7	CT TEMPORAL BONE	3600
8	CT NECK	3600
9	CT THORAX/CHEST	3900
10	HRCT THORAX	3900
11	CT ABDOMEN	3900
12	CT BONY PELVIS	3000
13	CT SPINE	3900
14	CT EXTRIMITIES	3900
15	CT KUB	3900
16	CT TRAUMA PROTOCOL (Head ,c spine ,chest & abdomen)	12000
17	CT GUIDED BIOPSY	9000
18	CT LIVER BIOPSY	9000
19	CT CALCIUM SCORING	3600
20	CECT UROGRAM	5000
21	CECT CHEST	3900
22	CECT ABDOMEN & PELVIS	5000
23	CT CEREBRAL ANGIO	6600
24	CT PULMONARY ANGIO	6600
25	CT CORONARY ANGIO	12000
26	CT PERIPHERAL UPPER LIMB ANGIO	6600
27	CT PERIPHERAL LOWER LIMB ANGIO	6600
28	CT AORTOGRAM	6600
29	CT TAVI PROTOCOL	9600
30	CECT ABDOMEN+CECT THORAX (Full study)	8900
31	CT CORONARY ANGIO (MHC)	
32	CT WHOLE SPINE	8400
33	CECT ABDOMEN (VISIPAQUE)	5000

Sl. No	CT	Rates
34	CECT BRAIN+ORBIT	5400
35	CECT ABDOMEN + THORAX (Screening)	8100
36	CECT BRAIN	2200
37	CECT PNS	2600
38	CECT ORBIT	2600
39	CECT NECK	3600
40	CT BRAIN Follow up	1500
41	SCREENING	