



Investigation	Department	Rate
BMD (Bone Mineral Density) Study	BMD (Bone Mineral Density)	2500.00
BMD Whole Body	BMD (Bone Mineral Density)	5000.00
Brain CT With reporting	CT Scan	2500.00
Brain CT Without Reporting	CT Scan	2000.00
Brain Perfusion CT With Reporting	CT Scan	3000.00
Brain Perfusion CT Without Reporting	CT Scan	2500.00
Cervical CT With Reporting	CT Scan	2500.00
Cervical CT Without Reporting	CT Scan	2000.00
Chest CT with reporting	CT Scan	2500.00
Chest CT without reporting	CT Scan	2500.00
CT Angio Abdomen With Reporting	CT Scan	4000.00
CT Angio Abdomen Without Reporting	CT Scan	3500.00
CT Angio Brain With Reporting	CT Scan	4000.00
CT Angio Brain Without Reporting	CT Scan	3500.00
CT Limb (Single) With Reporting	CT Scan	5000.00
CT Limb (Single) Without Reporting	CT Scan	4500.00
CT Reporting	CT Scan	500.00
Lower Abdomen CT with reporting	CT Scan	2000.00
Lower Abdomen CT without reporting	CT Scan	2500.00
Lumber CT With Reporting	CT Scan	3000.00
Lumber CT Without Reporting	CT Scan	2500.00
Non Contrast CT KUB With Reporting	CT Scan	2500.00
Non Contrast CT KUB Without Reporting	CT Scan	2000.00
Orbit/Sinus CT With Reporting	CT Scan	2500.00
Orbit/Sinus CT Without Reporting	CT Scan	2000.00
Other Parts CT With Reporting	CT Scan	3000.00
Other Parts CT Without Reporting	CT Scan	2500.00
Thoracic CT With Reporting	CT Scan	3000.00
Thoracic CT Without Reporting	CT Scan	2500.00
Upper Abdomen CT with reporting	CT Scan	2000.00
Upper Abdomen CT without reporting	CT Scan	2500.00

Investigation	Department	Rate
Whole Abdomen CT with reporting	CT Scan	4000.00
Whole Abdomen CT without reporting	CT Scan	4500.00
Whole Spine CT With Reporting	CT Scan	5000.00
Whole Spine CT Without Reporting	CT Scan	4500.00
3 Phase Bone Scan	Gamma Camera	800.00
99m Tc-DTPA Brain Scan	Gamma Camera	30.00
Bone Scan	Gamma Camera	350.00
Brain Scan (Tc-99m)	Gamma Camera	1000.00
Carcinoid Tumor Evaluation With Octreotide	Gamma Camera	20000.00
Cardiac MUGA	Gamma Camera	350.00
CSF Rhinorrhea Study	Gamma Camera	3000.00
DMSA - Renal Scan (Tc 99m)	Gamma Camera	800.00
DTPA - Captopril Gamma Camera Renogram (Tc 99m)	Gamma Camera	350.00
DTPA-Renogram and Serum Sample GFR (Tc 99m)	Gamma Camera	3000.00
DTPA-Renogram and Split Renal Function (Tc-99m)	Gamma Camera	1000.00
DTPA-Renogram With Camera GFR (Tc 99m)	Gamma Camera	3000.00
GIT Studies (Gastric Emptying, Oesophageal Reflux)	Gamma Camera	4000.00
Hepatobiliary Scan (Tc 99m)	Gamma Camera	3000.00
Hysterosalphingo Scintigraphy	Gamma Camera	3000.00
Kidney Scan (DTPA)	Gamma Camera	1000.00
Liver Perfusion/Flow	Gamma Camera	3000.00
Liver Scan (Tc 99m)	Gamma Camera	3000.00
Liver Spleen Scan (Tc 99m)	Gamma Camera	3000.00
Lung Perfusion	Gamma Camera	5000.00
Lung VQ Scan	Gamma Camera	8000.00
Lymphoscintigraphy For Lymphatic Drainage Evaluation	Gamma Camera	4000.00
Lymphoscintigraphy For Sentinel LM (Tc 99m)	Gamma Camera	4000.00
Meckels Diverticulum Scan	Gamma Camera	3000.00
MIBG Scan	Gamma Camera	20000.00
Myocardial Perfusion Scan (MPI)	Gamma Camera	7000.00
Onchological Study MIBI, Thallium or Gallium	Gamma Camera	20000.00

Investigation	Department	Rate
RBC - Scan for Hemangioma	Gamma Camera	3000.00
Salivary Gland Scan	Gamma Camera	3000.00
Scan for Gastro - Intestinal Bleeding (RBC)	Gamma Camera	3000.00
Single Spot Bone Scan	Gamma Camera	3000.00
Tc 99m PSMA	Gamma Camera	8000.00
Testicular Scan	Gamma Camera	3000.00
Thyroid Scan (Tc-99m)	Gamma Camera	500.00
V - P Shaunt Patency Study	Gamma Camera	3000.00
Vesicoureteric Reflux Study	Gamma Camera	3000.00
Anti Tg Antibody(Tg Ab)	In-Vitro Lab (Hormone, Cancer Marker & other's)	400.00
FT3 + FT4 + TSH (Free T3, Free T4, TSH)	In-Vitro Lab (Hormone, Cancer Marker & other's)	1100.00
FT3 + TSH	In-Vitro Lab (Hormone, Cancer Marker & other's)	800.00
FT3 + TSH (Only for NM follow-up patients)	In-Vitro Lab (Hormone, Cancer Marker & other's)	500.00
FT3+FT4+TSH+TG	In-Vitro Lab (Hormone, Cancer Marker & other's)	800.00
FT4 + TSH (Only for NM follow-up patients)	In-Vitro Lab (Hormone, Cancer Marker & other's)	500.00
FT4 + TSH	In-Vitro Lab (Hormone, Cancer Marker & other's)	800.00
LH + FSH + PRL Package (General)	In-Vitro Lab (Hormone, Cancer Marker & other's)	1000.00
PRL (Prolactin)	In-Vitro Lab (Hormone, Cancer Marker & other's)	500.00
Progesterone	In-Vitro Lab (Hormone, Cancer Marker & other's)	500.00
T3 + T4 + TSH	In-Vitro Lab (Hormone, Cancer Marker & other's)	1100.00
T3 + T4 + TSH + TG (Only for NM follow-up patients)	In-Vitro Lab (Hormone, Cancer Marker & other's)	800.00
T4 + TSH (Only for NM follow-up patients)	In-Vitro Lab (Hormone, Cancer Marker & other's)	500.00
Testosterone	In-Vitro Lab (Hormone, Cancer Marker & other's)	600.00
TSH (Thyroid stimulation hormone)	In-Vitro Lab (Hormone, Cancer Marker & other's)	350.00
TSH + TG (Only for NM follow-up patients)	In-Vitro Lab (Hormone, Cancer Marker & other's)	500.00
Initial assessment for RA 1-131 Therapy	Radio-iodine Therapy Unit	350.00
Post-operative thyroid ablation with I-131 for differentiated thyroid Cancer (100 mCi)	Radio-iodine Therapy Unit	5000.00
Post-operative thyroid ablation with I-131 for differentiated thyroid Cancer (large dose > 100mCi)	Radio-iodine Therapy Unit	8000.00
Post-operative thyroid ablation with I-131 for differentiated thyroid Cancer 30-50 mCi	Radio-iodine Therapy Unit	2500.00
Follow up per visit	Thyroid	200.00
HRUS of thyroid + Serum FT3,FT4,TSH	Thyroid	1300.00

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HRUS of thyroid + Serum T3,T4,TSH	Thyroid	1300.00
Thyroid scan + HRUS of thyroid + Serum FT3, FT4, TSH	Thyroid	1400.00
Thyroid scan + HRUS of thyroid + Serum T3,T4,TSH	Thyroid	1400.00
Thyroid scan + Serum FT3, FT4, TSH	Thyroid	1400.00
Thyroid scan + Serum T3,T4,TSH	Thyroid	1300.00
Thyroid scan + Uptake + HURS + Serum T3,T4, TSH	Thyroid	1600.00
Thyroid scan + Uptake + Serum FT3,FT4, TSH	Thyroid	1400.00
Thyroid uptake study	Thyroid	400.00
3-D evaluation of fetal congenital anomaly	Ultrasound	1000.00
Both lower limb Vessels (Color Doppler)	Ultrasound	1200.00
Duplex evaluation of carotid & Vertebral arteries	Ultrasound	1000.00
Duplex evaluation of cirrhosis & portal hypotension	Ultrasound	1000.00
Duplex evaluation of renal artery/transplant kidney	Ultrasound	1200.00
Elastoscan: Thyroid/Breast/Other	Ultrasound	1000.00
Endocavitary color Doppler (TVS/TRUS)	Ultrasound	1200.00
HRUS of Brain	Ultrasound	600.00
HRUS of breast	Ultrasound	400.00
HRUS of breast & Axilla	Ultrasound	700.00
HRUS of Eye Ball and Orbit (Both eyes)	Ultrasound	600.00
HRUS of Eye Ball and Orbit (One eyes)	Ultrasound	500.00
HRUS of IHPS (Infant hypertropic pyloric stenosis)	Ultrasound	600.00
HRUS of Joint	Ultrasound	800.00
HRUS of local part (Chest)	Ultrasound	600.00
HRUS of local part (Neck)	Ultrasound	600.00
HRUS of local part (Superficial organ etc)	Ultrasound	600.00
HRUS of Muscle	Ultrasound	800.00
HRUS of pediatric brain and ventricles	Ultrasound	400.00
HRUS of Perietal mass	Ultrasound	600.00
HRUS of psos abscess (N/A)	Ultrasound	600.00
HRUS of Scrotum and Testis	Ultrasound	800.00

Investigation	Department	Rate
HRUS of Thyroid	Ultrasound	300.00
Obstetric Duplex (Pregancy, Fetal velocimetry/Fetal Echo)	Ultrasound	1000.00
USG guided Aspiration	Ultrasound	800.00
USG Guided Ethanol Injection	Ultrasound	600.00
USG guided FNAC	Ultrasound	600.00
USG of Appendix (N/A)	Ultrasound	600.00
USG of Chest	Ultrasound	500.00
USG of Hepatobiliary System (HBS), Pancreas, Spleen	Ultrasound	300.00
USG of KUB with PVR	Ultrasound	300.00
USG of KUB, Prost, MCC, PVR	Ultrasound	400.00
USG of KUB, Uterus & Adnexa, MCC, PVR	Ultrasound	500.00
USG of Lower abdomen	Ultrasound	300.00
USG of Pregnancy Profile	Ultrasound	300.00
USG of Prostate	Ultrasound	400.00
USG of Renal System (KUB)	Ultrasound	400.00
USG of Two system (HBS & KUB)	Ultrasound	400.00
USG of Two Systems (HBS & LA)	Ultrasound	500.00
USG of Two systems (KUB & LA)	Ultrasound	500.00
USG of Upper abdomen	Ultrasound	300.00
USG of Urinary System	Ultrasound	400.00
USG of Uterus and Adnexa	Ultrasound	400.00
USG of Whole Abdomen	Ultrasound	450.00
Vascular/ Peripheral Colour Doppler	Ultrasound	1000.00