Nuclear Medicine, Oncology & Radiotherapy Institute, Nawabshah (NORIN)

HOSPITAL SERVICES PRICE LIST

	Hospital Normal Rates	
	Morning	IBPP
A/G Ratio	350	350
Adenosine (6ml)	1,500	1,500
AFP	1,500	1,500
Albumin	400	400
Alkaline Phosphatase	400	400
APTT	300	300
APTT/PT(INR)	350	350
ASOT	200	200
Aspiration of Fluid (ABD)	1,500	1,500
Aspiration of Fluid (CHEST)	1,500	1,500
Barium Studies	700	700
BENCE JONES PROTEIN	800	800
Bilirubin Total	350	350
BIOPSY PROCEDURE (FNAC/TRUE CUT)	2,500	2,500
Blood CP	600	600
BLOOD GROUP	250	250
Blood Transfusion	1,500	1,500
Blood Urea / BUN	250	250
BONE SCAN (DYNAMIC)	6,000	6,000
BONE SCAN (Static)	6,000	6,000
BONE SPECT	6,000	6,000
Brachytherapy 3D I/C (Package)	50,000	50,000
Brachytherapy Insertion of Applicators	5,000	5,000
BRAIN SCAN	7,000	7,000
C.M SCREENING	450	450
CA 15-3	1,500	1,500
CA-125	1,500	1,500
Calcium	400	400
CARDIAC SCAN (GATED)	15,000	15,000
CARDIAC SCAN (NON-GATED)	15,000	15,000
CARDIAC VIABILITY SCAN	11,000	11,000
CEA	1,000	1,000
Chemotherapy Administration	1,500	1,500
Cholestrol	350	350
CONSULTATION	800	800
Consultation (1st visit) Thyroid clinic	1,000	1,000
Consultation (First Visit)	1,000	1,000
Consultation (Follow Up)	800	800
Consultation 1st visit (Breast Clinic)	1,000	1,000
Conventional (2D)	6,000	6,000
CPK	300	300
Creatinine Clearance	500	500
CROSS MATCHING	600	600
CT ADDITIONAL CHARGES FOR SINGLE REGION	2,000	2,000
CT CD CHARGES DUPLICATE	1,000	1,000
CT FILM CHARGES DUPLICATE	3,000	3,000
CT Planning 3D	10,000	10,000

CT Reporting (per section)	700	700
CT Simulation (Per Plan)	6,000	6,000
CT TRIPHASIC / BIPHASIC	6,000	6,000
CT WITH CONTRAST FOR SINGLE REGION	6,000	6,000
CT WITHOUT CONTRAST FOR SINGLE REGION	4,000	4,000
Dexa Scan	4,000	4,000
Direct Billirubin	350	350
DMSA	6,000	6,000
Doctors Private Room Visiting Fee	1,000	1,000
Doctors Semi Private Room Visiting Fee	400	400
Dressing Charges	200	200
Drip Administration	300	300
E.C.G	500	500
Echocardiography	3,000	3,000
ELECTROLYTE	300	300
ESR	300	300
Estrogen	800	800
FOLLOW-UP	800	800
Free T3	600	600
Free T4	600	600
FSH	800	800
G.I. BLEED	6,000	6,000
General Ward	800	800
GER SCAN	1,500	1,500
GFR	600	600
Globulin	150	150
Glucose (F)	250	250
Glucose (R)	250	250
GUIDED BIOPSY	3,000	3,000
HbsAg	800	800
HCV	800	800
HDL-CHOLESTROL	350	350
Heating Cooling Charges	2,000	2,000
HIDA SCAN	5,000	5,000
HIV	600	600
HRCT CONTRAST	5,000	5,000
HRCT PLAIN	4,000	4,000
IGBT 3D Brachy Planning (Per Session)	8,000	8,000
Intra Vesical Chemo	3,000	3,000
Intracavity Therapy	8,000	8,000
Iodine-31 (150-300mci)	80,000	80,000
Iodine-31 (30-150mci)	40,000	40,000
Iodine-31 (Above 100-150mci)	50,000	50,000
Iodine-31 (Above 150-200mci)	65,000	65,000
Iodine-31 (Above 200-300mci)	80,000	80,000
Iodine-31 (Above 30-100mci)	40,000	40,000
Iodine-31 (upto 30mci)	13,000	13,000
Kleen Enema	250	250
LDH	400	400
LDL-CHOLESTROL	350	350
LH	700	700
LIVER SCAN	3,500	3,500
LUNG PERFUSION SCAN	4,000	4,000
LUNG VENTILATION SCAN	4,000	4,000
MAMMOGRAPHY (Both)	3,000	3,000
MAMMOGRAPHY (Single)	2,000	2,000

Manual Marking	2,000	2,000
Mask Preparation	3,000	3,000
MECKELS SCAN	4,000	4,000
Medical Certificate	1,000	1,000
MIBG	6,000	6,000
Mould Preparation	3,000	3,000
MP	500	500
MUGA SCAN	3,000	3,000
MYOCARDIAL PERFUSION STUDIES	11,000	11,000
PAEC Lab Charges (1-7)	10	10
PAEC Lab Charges (8-11)	25	25
PAEC Outdoor Slip	10	10
PAEC Ultrasound (1-7)	10	10
PAEC Ultrasound (8-11)	25	25
PAEC X-Ray (1-7)	10	10
PAEC X-Ray (8-11)	25	25
PARATHYROID SCAN	8,000	8,000
PNS (AXIAL CORNAL)	4,500	4,500
Private Room Rent	3,000	3,000
Progestrone	800	800
PROLACTIN	800	800
PSA	1,500	1,500
PT	250	250
RA factor	250	250
Radiation Theraphy	1,500	1,500
RAI - 131	4,500	4,500
RBC SCAN	4,500	4,500
Registration	100	100
RENAL SCAN	6,000	6,000
SCINTIMAMMOGRAPHY	5,000	5,000
Semi Room Rent	2,000	2,000
Serum Creatinine	300	300
SGOT (AST)	350	350
SGPT (ALT)	350	350
Simulation	4,000	4,000
ß HCG	1,500	1,500
Subsequent visit (Breast clinic)	800	800
Subsequent visit Thyroid clinic	800	800
Testosterone	900	900
THREE PHASE BONE SCAN	6,000	6,000
THYROID SCAN	3,000	3,000
Total Protein	350	350
Treatment Planning	8,000	8,000
Triglycerides	350	350
TSH	550	550
TYPHIDOT (IgM/IgG)	500	500
ULTRASOUND	1,500	1,500
Ultrasound Breast	1,500	1,500
Ultrasound Chest/Lung	1,500	1,500
Ultrasound KUB	1,500	1,500
Ultrasound Neck	1,500	1,500
Ultrasound Pelvis	1,500	1,500
Ultrasound Scrotal	2,000	2,000
Ultrasound Thyroid	1,500	1,500
Ultrasound Upper Abdomen	1,500	1,500
Ultrasound Whole Abdomen	1,500	1,500

URE D/R	150	150
Uric Acid	400	400
Urinary Cathetrization	6,000	6,000
URINE CHEMISTRY	300	300
URINE PREGNANCY TEST	400	400
VDRL	500	500
VLDL-CHOLESTROL		
WHOLE BODY SCAN	6,000	6,000
WIDAL TEST	250	250
XRAY	800	800
XRAY Ankle Joint	800	800
XRAY Barium Swallow/Meal	800	800
XRAY Cervical Spine	800	800
XRAY Chest	800	800
XRAY Digital (per film)	800	800
XRAY Digital (w/o film)	600	600
XRAY Dorsal Spine	800	800
XRAY IVP	800	800
XRAY Knee Joint	800	800
XRAY KUB	800	800
XRAY Lumbar Spine	800	800
XRAY Mandible	800	800
XRAY PNS	800	800
XRAY Skull AP/LA	800	800
XRAY Wrist Joint	800	800