



# Ramakrishna Math (Yogodyan)

7, Yogodyan Lane, Kankurgachhi, Kolkata-700 054

## CHARITABLE DISPENSARY CUM DIAGNOSTIC CENTRE

### RATE CHART OF RADIOLOGY TESTS AND OTHER FOR THE YEAR 2023-24

SI.	PARTICULARS	Rate (Rs.)	SI.	PARTICULARS	Rate (Rs.)
	<b>USG</b>			<b>X-RAY</b>	
01	WHOLE ABDOMEN	650.00	39	X RAY OF LEFT/RIGHT HEEL AP/LA	260.00
02	KUB	420.00	40	X RAY OF LEFT/RIGHT HIP AP/LAT	150.00
03	UPPER ABDOMEN	420.00	41	X RAY OF LEFT/RIGHT KNEE JOINT	150.00
04	LOWER ABDOMEN	420.00	42	X RAY OF LEFT/RIGHT LEG ANKLE	150.00
05	PREGNANCY OR FPP	420.00	43	X RAY OF LEFT/RIGHT LEG WITH	150.00
06	TVS	520.00	44	X RAY OF LEFT/RIGHT TIBIA FIBI	150.00
07	FOLLICULAR STUDY	600.00	45	X RAY OF PELVIS AP/ONL	300.00
08	BREAST (UNILATERAL)	550.00	46	X RAY OF PELVIS WITH BOTH HIP	300.00
09	THYROID	500.00	47	X RAY OF ABDOMEN/KUB	150.00
10	SCROTUM	500.00	48	X RAY OF ABDOMEN SPINE	220.00
11	EXTRA CHARGE FOR IMAGES	50.00		<b>ECG</b>	
12	HEPATITIS C	320.00	01	ECG	100.00
13	USG OF BREST BILATARAL	1100.00	02	DENTAL SERGERY AND	
14	USG & COLOUR DOPPLER OF LEG & ANY PART	1000.00		COSMETIC WORK	600.00
15	USG OF KNEE	600.00	03	DIGITAL X RAY OF TEETH	60.00
16	USG OF INGUINAL HERNIA	420.00	04	HAND FILE RCT (1-5)	800.00
	<b>X-RAY (OPG)</b>		05	HAND FILE RCT (6-7)	1000.00
01	X RAY OF OPG (DENTAL)	300.00	06	ROTARY FILE (1-5) INCL. RVG AND FI	2400.00
02	X RAY OF OPG (DENTAL) WITH REPOT	400.00	07	ROTARY FILE (6-8) INCL. RVG AND	2400.00
	<b>X-RAY</b>		08	NORMAL EXTRACTION	150.00
01	X RAY OF LEFT/RIGHT MADIBULA	150.00	09	TRANSALVEOLAR EXTRACTION	300.00
02	X RAY OF LEFT/RIGHT MASTOID AP	150.00	10	SOFT TISSUE SURGICAL PROCEDURE	700.00
03	X RAY OF LEFT/RIGHT ORBIT AP/L	150.00	11	HARD TISSUESURGICAL PROCEDURE	1300.00
04	X RAY OF LEFT/RIGHT SCAPULA AP	150.00	12	SROWN LENGTHENING (PER TEETH)	200.00
05	LEFT/RIGHT TEMPORO MANDIBULAR	150.00	13	SCALLING ONLY (PER SITTING)	200.00
06	X RAY OF NASAL BONE LAT	150.00	14	POLISHING	350.00
07	X RAY OF PNS (PARA NASAL SINUS)	220.00	15	FLAP SURGERY	2000.00
08	X RAY OF SKUL AP/LAT	150.00	16	GINGIVAL CURETTAGE	800.00
09	X RAY OF CERVICAL SPINE AP/LAT	150.00	17	PERIODOTAL PACK	1500.00
10	X RAY OF CERVICAL SPINE EXTENS	150.00	18	EXTRACTION FOR CHILD	150.00
11	X RAY OF COCYX AP/LAT	150.00	19	PULPOTOMY (CHILD)	1000.00
12	X RAY OF CONEDOWN SCROLLIAC JO	150.00	20	SPACE MAINTAINER (CHILD)	1500.00
13	X RAY OF DORSAL/THORACIC SPINE	150.00	21	SPACE GAINER (CHILD)	1500.00
14	X RAY OF DORSI/THORACO LUMBER	200.00	22	GIC FILLING (TYPE-1) (CHILD)	250.00
15	X RAY OF LUMBER SPINE AP/LAT	150.00	23	GIC FILLING (TYPE-2) (HILD)	300.00
16	X RAY OF SCROLLICA JOINT AP/O	260.00	24	PAIN MANAGEMENT (ZONE PASTE) (CH)	80.00
17	X RAY OF SACRAM	150.00	25	TEMPORARY CAP (1 PC) (1-5) TEETH	400.00
18	X RAY OF SACRAM AP/LT	150.00	26	TEMPORARY CAP (6-8) (COSMETICS)	600.00
19	XRAY OF WHOLE SPINE AP/LAT	600.00	27	METAL CAP (ALL) (COSMETICS)	1200.00
20	X RAY OF CHEST AP/LAT/OBL/PA(E)	150.00	28	CERAMIC CAP (ALL) NON WARRANTY	1600.00
21	X RAY OF LEFT/RIGHT ARM AP/LAT	150.00	29	ZIRCONIUM CAP (5 YR WARRANTY)	4500.00
22	X RAY OF LEFT/RIGHT CLAVICLE	150.00	30	RPD (REMOVABLE) (1-5)	400.00
23	X RAY OF LEFT/RIGHT CLACICLE I	150.00	31	RPD (REMOVABLE) (6-8)	400.00
24	X RAY OF LEFT/RIGHT ELBOW AP/L	150.00	32	COMPLETE DENTURE	6500.00
25	X RAY OF LEFT/RIGHT FOREARM/HU	150.00	33	FLEXIBLE DENTURE	6000.00
26	X RAY OF LEFT/RIGHT HAND AP/LA	150.00	34	COMPLETE FILLING (TYPE-1)	400.00
27	X RAY OF SHOULDER AP/LAT/AXIAL	260.00	35	TEMPORARY FILLING	100.00
28	X RAY OF LEFT/RIGHT WRIST AP/L	260.00	36	COSMETIC FILLING	1000.00
29	X RAY OF LEFT/RIGHT WRISH WITH	150.00	37	DEE CAVITY FILLING	600.00
30	X RAY OF SOFT TISSUE FOREARM/H	150.00		<b>ECHO CARDIO</b>	
31	XRAY OF SOFT TISSUE NECK AP/L	150.00	01	Echo Cardio	550.00
32	XRAY OF BONES (TWO VIEW IN SIN)	150.00		<b>PHYSIOTHERAPY</b>	
33	X RAY OF COCCYX AP/LAT	150.00	01	UST (ULTRA SOUND THERAPY)	60.00
34	X RAY OF FT/RIGHT FOOT AP/LA	150.00	02	MUSCLE STIMULATOR	60.00
35	X RAY OF LEFT/RIGHT ANKLE JOIN	150.00	03	TENS PER SITTING	60.00
36	X RAY OF LEFT/RIGHT CALCANEUM	150.00	04	WAX BATH PER SITTING	50.00
37	X RAY OF LEFT/RIGHT FEMUR/TAHI	150.00	05	IFT PER SITTING	100.00
38	X RAY OF LEFT/RIGHT FOOT (TOE)	150.00	06	TRACTION PER SITTING	60.00
			07	PHYSIOTHERAPY EXCERCISE	60.00