PRICE LIST FOR PAID MEDICAL SERVICES

PROVIDED BY HEALTH CARE INSTITUTION "CITY CLINICAL MATERNITY HOSPITAL №2"

FOR FOREIGN CITIZENS

**PHISIOTHERAPY**

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| **No.** | **Service name** | **Tariff, rub.** |
|  | **Physiotherapy** |  |
| 1.1. | Galvanization general, local | 3.7 |
| 1.2. | Constant, impulse current electrophoresis | 4.46 |
| 1.3. | Constant, impulse current endocavitary electrophoresis procedures | 5.70 |
| 1.4. | Vacuum electrophoresis | 4.46 |
| 1.11. | Diadynamic therapy | 5.70 |
| 1.12. | Amplipulse therapy | 5.70 |
| 1.13. | Interferential current therapy | 5.70 |
| 1.14. | Short-impulse electroanalgesia | 5.70 |
| 1.16. | Low-frequency impulse current electrotherapy | 5.70 |
| 1.17. | Constant, impulse current labile electrotherapy | 5.70 |
| 1.19. | Local darsonvalization | 5.91 |
| 1.20. | Endocavitary darsonvalization | 5.71 |
| 1.24. | Inductothermy | 4.46 |
| 1.25. | Ultrahigh frequency therapy | 3.07 |
| 1.30. | Local magnetotherapy | 3.07 |
| 1.31. | Endocavitary magnetotherapy | 4.48 |
| 1.33. | Magnetophoresis | 4.46 |
| 1.34. | Magnetostimulation | 44600 |
| 2. | Chromophototherapy |  |
| 2.1. | Biological dose determination | 3.07 |
| 2.2. | General ultraviolet irradiation | 3.07 |
| 2.4. | Local ultraviolet irradiation | 3.07 |
| 2.6. | Visible, infrared irradiation general, local | 3.07 |
| 2.7. | Laser therapy, percutaneous magneto-laser therapy | 3.07 |
| 2.10. | Transcutaneous laser irradiation, magneto-laser irradiation | 5.70 |
| 3. | Exposure to mechanical nature factors |  |
| 3.1. | Ultrasonic therapy | 5.71 |
| 3.2. | Ultrasonic therapy through water | 5.93 |
| 3.3. | Phonophoresis | 5.71 |
| 3.4. | Constant or impulse current ultraphonoelectrotherapy | 5.71 |