PRICE LIST FOR PAID MEDICAL SERVICES PROVIDED BY

HEALTH CARE INSTITUTION "CITY CLINICAL MATERNITY HOSPITAL №2"

FOR FOREIGN CITIZENS

**Instrumental diagnostics**

|  |  |  |
| --- | --- | --- |
| **No.** | **Service name** | **Tariff, rub.** |
| **1.** | **Radiodiagnosis** |  |
| 1.1. | X-Ray examinations |  |
| 1.1.1. | Radioscopy of thoracic organs |  |
| 1.1.2. | Radiography (plan) of thoracic cavity |  |
| 1.1.3. | one view | 11.10 |
| 1.1.4. | two views | 16.87 |
| 1.1.5. | Radiography (plan) of abdominal cavity | 15.48 |
| 1.1.4. | metrosalpingography | 16.65 |

Note: The cost of used medicine, medical purpose products is not included in the price. They are to be paid by a patient additionally.