PRICE LIST FOR PAID MEDICAL SERVICES PROVIDED BY

HEALTH CARE INSTITUTION "CITY CLINICAL MATERNITY HOSPITAL №2"

FOR FOREIGN CITIZENS

**Instrumental diagnostics**

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| **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.