

B.K.L. Walawalkar Hospital, Diagnostic & Research Centre

A/P- Sawarde, Taluka-Chiplun,
District- Ratnagiri, Maharashtra, 415 606
Phone No. 02355-264137 / 149 / 636 / 637



Radiology Investigations Charges / Referral Card

Patient Name _____
Address _____ Age _____ Sex _____
Ref. By Dr. _____

SITE (Pl. Tick Mark In Appropriate Boxes)	COST In Rs.
MRI BRAIN:	
<input type="checkbox"/> Routine <input type="checkbox"/> Stroke Protocol <input type="checkbox"/> CSF Flow Study <input type="checkbox"/> MRI Orbit <input type="checkbox"/> Pituitary	2500
<input type="checkbox"/> Spectroscopy	3000
MRI SPINE:	
<input type="checkbox"/> Cervical <input type="checkbox"/> Dorsal <input type="checkbox"/> Lumbar <input type="checkbox"/> SI Joints <input type="checkbox"/> DTI of Cord <input type="checkbox"/> Sacrum coccyx	3000
<input type="checkbox"/> Whole Spine Screening	3500
MRI NECK:	
<input type="checkbox"/> Neck / Face	3000
MRI JOINTS:	
<input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> TM Joints	4000
MRI ABDOMEN & PELVIS	
<input type="checkbox"/> MRI Abd + Pelvis	5500
<input type="checkbox"/> MRCP/ Liver <input type="checkbox"/> Liver Tumor Protocol <input type="checkbox"/> Multiphase (Dynamic)	3500
<input type="checkbox"/> Cholangiopancreatography	3000
MRI ANGIOGRAPHY / VENOGRAPHY	
<input type="checkbox"/> Brain + Neck <input type="checkbox"/> Renal <input type="checkbox"/> Ilio-Femoral	5000
<input type="checkbox"/> Lower Limb <input type="checkbox"/> Upper Limb <input type="checkbox"/> Aorta	

SITE (Pl. Tick Mark In Appropriate Boxes)		COST In Rs.
MRI SPECIAL INVESTIGATIONS:		
<input type="checkbox"/> Brachial Plexus	<input type="checkbox"/> Lumbar Plexus	4000
<input type="checkbox"/> Urography	<input type="checkbox"/> Neurography	
<input type="checkbox"/> MRI Defecography	<input type="checkbox"/> MR Enterography	
<input type="checkbox"/> Metastasis Screening	<input type="checkbox"/> Cartilage Mapping	
<input type="checkbox"/> MRI Contrast		1000
PACKAGE CT+MR:		
<input type="checkbox"/> Stroke Protocol	<input type="checkbox"/> Head and Neck	6000
<input type="checkbox"/> MSK/Joint	<input type="checkbox"/> Temporal Bone	
CT SCAN:		
<input type="checkbox"/> Brain		2500
<input type="checkbox"/> Chest	<input type="checkbox"/> CT PNS	3500
<input type="checkbox"/> Abd + Pelvis	<input type="checkbox"/> IVP	4000
SONOGRAPHY:		
<input type="checkbox"/> Breast/Abdomen/Pelvis	<input type="checkbox"/> Thyroid/Eye/Neck	500
<input type="checkbox"/> USG - Obstetrics		
<input type="checkbox"/> Sono-Mammography		1000
DOPPLER STUDY:		
<input type="checkbox"/> Carotid	<input type="checkbox"/> Renal	600
<input type="checkbox"/> Lower Limb Artery	<input type="checkbox"/> Upper Limb Artery	
<input type="checkbox"/> Lower Limb Venous	<input type="checkbox"/> Upper Limb Venous	

- ✚ महात्मा फूले जन आरोग्य योजने अंतर्गत मोफत शस्त्रक्रिया व उपचार
(केसरी व पिवळे रेशनकार्ड धारकांना सुविधा उपलब्ध)
- ✚ इंडियन कॅन्सर सोसायटी मुंबई आणि डॉ. कुरकुरे फंडांतर्गत कॅन्सरवर
मोफत उपचार *अटी लागू
- ✚ मेडीकल क्लेम- विविध विमा कंपन्यांशी सलग्न (Health Policies)

अधिक माहिती साठी रुग्णालयाच्या खालील सांकेतिक स्थळाला भेट द्या