

সেবা প্রদান প্রতিশ্রুতি (সিটিজেন চার্টার)
রেডিওলজি ও ইমেজিং বিভাগ

বিভাগ এর নাম: রেডিওলজি ও ইমেজিং বিভাগ

বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়।

রূপকল্প (Vision) : মান সম্মত মেডিকেল উচ্চ শিক্ষা, গবেষণা ও স্বাস্থ্য সেবা কার্যক্রম সম্প্রসারণ নিশ্চিতকরণ।

অভিলক্ষ্য (Mission) : গুণগত মানসম্পন্ন মেডিকেল উচ্চ শিক্ষা ও গবেষণা নিশ্চিত করা এবং আধুনিক ও যুগোপযোগী ডিজিটাল প্রযুক্তির মাধ্যমে জাতীয় লক্ষ্য অর্জনে যথোপযুক্ত অবদান রাখা।

| ক্র.নং | সেবার নাম | সেবা প্রদান পদ্ধতি | প্রয়োজনীয় কাগজপত্র ও প্রাপ্তিস্থান | সেবার মূল্য এবং পরিশোধ পদ্ধতি | সেবা প্রদানের সময়সীমা | দায়িত্ব প্রাপ্ত কর্মকর্তা/কর্মচারী নাম, পদবী, ফোন নম্বর ও ই-মেইল | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ০১. | বিএসএম এমইউ ওপিডি ও ভর্তি এবং বাহিরের রোগী | সরাসরি | ওপিডি টিকিটে কর্তব্যরত চিকিৎকের চাহিদাপত্র, ভর্তি রোগীর পরীক্ষা ওয়ার্ড এর কর্তব্যরত চিকিৎকের চাহিদা পত্র এবং বাহিরের রোগীর পরীক্ষার চাহিদা পত্র | পরীক্ষার নাম ও ফি (টাকা): X-ray পরীক্ষার নাম ও ফি (টাকা) | সকাল ৮.০০ থেকে দুপুর ২.৩০ ঘটিকা পর্যন্ত এবং দুপুর ২.৩০ থেকে রাত ৮.০০ ঘটিকা পর্যন্ত। এ ছাড়াও রাত ৮.০০ টা থেকে সকাল ৮.০০টা পর্যন্ত জরুরী X-ray পরীক্ষা করা হয়। | অধ্যাপক ডা. মোছা: হাবিবা খাতুন ফোন: ০১৭১৫-০৬৪৭২১ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <table border="1"> <thead> <tr> <th>Test Name</th> <th>Rate (Tk.)</th> </tr> </thead> <tbody> <tr><td>X-ray Chest-PA view</td><td>300/-</td></tr> <tr><td>X-ray Chest lateral view (Rt./Lt.)</td><td>300/-</td></tr> <tr><td>X-ray Chest oblique view (Rt./Lt.)</td><td>300/-</td></tr> <tr><td>X-ray Chest decubitus view (Rt./Lt.)</td><td>300/-</td></tr> <tr><td>X-ray PNS-OM view</td><td>300/-</td></tr> <tr><td>X-ray PNS-Lateral view</td><td>200/-</td></tr> <tr><td>X-ray Skull-Both view</td><td>200/-</td></tr> <tr><td>X-ray Skull-Lateral view</td><td>200/-</td></tr> <tr><td>X-ray Skull-Cone view</td><td>200/-</td></tr> <tr><td>TM Joint(Rt.)-Rt. Side</td><td>250/-</td></tr> <tr><td>TM Joint(Lt.)-Lt. side</td><td>250/-</td></tr> <tr><td>TM Joint-Open mouth view</td><td>250/-</td></tr> <tr><td>TM Joint-Close mouth view</td><td>250/-</td></tr> <tr><td>X-ray Mastoid-Towne's view</td><td>200/-</td></tr> <tr><td>X-ray Mastoid-Stensverse view</td><td>200/-</td></tr> <tr><td>X-ray Nasopharynx(Open mouth)-lateral view</td><td>200/-</td></tr> <tr><td>X-ray Mandible A/P view</td><td>250/-</td></tr> <tr><td>X-ray Mandible lateral & oblique view</td><td>250/-</td></tr> <tr><td>X-ray Sub mandibular region</td><td>250/-</td></tr> <tr><td>X-ray Neck-Both view</td><td>250/-</td></tr> <tr><td>X-ray Neck-A/P view</td><td>200/-</td></tr> <tr><td>X-ray Neck-Lateral view</td><td>200/-</td></tr> <tr><td>X-ray Neck(Flexion & Extention)-Lateral view</td><td>400/-</td></tr> <tr><td>X-ray Styloid Process-A/P & Lateral view</td><td>400/-</td></tr> <tr><td>X-ray Styloid Process-Trans-orbital view</td><td>200/-</td></tr> <tr><td>X-ray Nose-Lateral view</td><td>200/-</td></tr> <tr><td>X-ray Orbits-Lateral (Looking up)</td><td>200/-</td></tr> <tr><td>X-ray Orbits-Lateral (Looking down)</td><td>200/-</td></tr> <tr><td>X-ray Orbits-AP & Lateral view</td><td>400/-</td></tr> <tr><td>X-ray Cervical Spine-Both view</td><td>250/-</td></tr> <tr><td>X-ray Cervical Spine-Both Oblique view</td><td>400/-</td></tr> <tr><td>X-ray Cervical Spine-Single Oblique view</td><td>250/-</td></tr> <tr><td>X-ray Cervical Spine-Lateral view</td><td>200/-</td></tr> <tr><td>X-ray Cervical Spine-Flexion & Extension view</td><td>400/-</td></tr> <tr><td>X-ray Dorsal Spine-Both view</td><td>300/-</td></tr> <tr><td>X-ray Dorsal Spine-Lateral view</td><td>250/-</td></tr> <tr><td>X-ray Lumber Spine-Flexion & Extension view</td><td>500/-</td></tr> <tr><td>X-ray Scoligram A/P view</td><td>500/-</td></tr> <tr><td>X-ray Scoligram lateral view</td><td>500/-</td></tr> </tbody> </table> | Test Name | Rate (Tk.) | X-ray Chest-PA view | 300/- | X-ray Chest lateral view (Rt./Lt.) | 300/- | X-ray Chest oblique view (Rt./Lt.) | 300/- | X-ray Chest decubitus view (Rt./Lt.) | 300/- | X-ray PNS-OM view | 300/- | X-ray PNS-Lateral view | 200/- | X-ray Skull-Both view | 200/- | X-ray Skull-Lateral view | 200/- | X-ray Skull-Cone view | 200/- | TM Joint(Rt.)-Rt. Side | 250/- | TM Joint(Lt.)-Lt. side | 250/- | TM Joint-Open mouth view | 250/- | TM Joint-Close mouth view | 250/- | X-ray Mastoid-Towne's view | 200/- | X-ray Mastoid-Stensverse view | 200/- | X-ray Nasopharynx(Open mouth)-lateral view | 200/- | X-ray Mandible A/P view | 250/- | X-ray Mandible lateral & oblique view | 250/- | X-ray Sub mandibular region | 250/- | X-ray Neck-Both view | 250/- | X-ray Neck-A/P view | 200/- | X-ray Neck-Lateral view | 200/- | X-ray Neck(Flexion & Extention)-Lateral view | 400/- | X-ray Styloid Process-A/P & Lateral view | 400/- | X-ray Styloid Process-Trans-orbital view | 200/- | X-ray Nose-Lateral view | 200/- | X-ray Orbits-Lateral (Looking up) | 200/- | X-ray Orbits-Lateral (Looking down) | 200/- | X-ray Orbits-AP & Lateral view | 400/- | X-ray Cervical Spine-Both view | 250/- | X-ray Cervical Spine-Both Oblique view | 400/- | X-ray Cervical Spine-Single Oblique view | 250/- | X-ray Cervical Spine-Lateral view | 200/- | X-ray Cervical Spine-Flexion & Extension view | 400/- | X-ray Dorsal Spine-Both view | 300/- | X-ray Dorsal Spine-Lateral view | 250/- | X-ray Lumber Spine-Flexion & Extension view | 500/- | X-ray Scoligram A/P view | 500/- | X-ray Scoligram lateral view | 500/- | | |
| Test Name | Rate (Tk.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Chest-PA view | 300/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Chest lateral view (Rt./Lt.) | 300/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Chest oblique view (Rt./Lt.) | 300/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Chest decubitus view (Rt./Lt.) | 300/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray PNS-OM view | 300/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray PNS-Lateral view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Skull-Both view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Skull-Lateral view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Skull-Cone view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TM Joint(Rt.)-Rt. Side | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TM Joint(Lt.)-Lt. side | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TM Joint-Open mouth view | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TM Joint-Close mouth view | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Mastoid-Towne's view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Mastoid-Stensverse view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Nasopharynx(Open mouth)-lateral view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Mandible A/P view | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Mandible lateral & oblique view | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Sub mandibular region | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Neck-Both view | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Neck-A/P view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Neck-Lateral view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Neck(Flexion & Extention)-Lateral view | 400/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Styloid Process-A/P & Lateral view | 400/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Styloid Process-Trans-orbital view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Nose-Lateral view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Orbits-Lateral (Looking up) | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Orbits-Lateral (Looking down) | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Orbits-AP & Lateral view | 400/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Cervical Spine-Both view | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Cervical Spine-Both Oblique view | 400/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Cervical Spine-Single Oblique view | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Cervical Spine-Lateral view | 200/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Cervical Spine-Flexion & Extension view | 400/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Dorsal Spine-Both view | 300/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Dorsal Spine-Lateral view | 250/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Lumber Spine-Flexion & Extension view | 500/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Scoligram A/P view | 500/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X-ray Scoligram lateral view | 500/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| X-ray Scolioqram bending view (Rt./Lt.) | 500/- |
| X-ray Scolioqram pull & push view | 500/- |
| X-ray Coccyx-Both view | 300/- |
| X-ray Coccyx-Lateral view | 250/- |
| X-ray Pelvis-AP view | 300/- |
| X-ray Pelvis-Both view | 300/- |
| X-ray Pelvis-Lateral view | 250/- |
| X-ray Hip Joint-Both view | 250/- |
| X-ray Knee Joint (Lt. & Rt.)-Both view | 500/- |
| X-ray Knee Joint (Lt.)-Both view | 250/- |
| X-ray Knee Joint (Rt.)-Both view | 250/- |
| X-ray Knee Joint skyline view (Rt./Lt.) | 250/- |
| X-ray Ankle Joint (Rt. & Lt.)-Both view | 500/- |
| X-ray Ankle Joint (Lt.)-Both view | 250/- |
| X-ray Ankle Joint (Rt.)-Both view | 250/- |
| X-ray Ankle Joint mortise view | 250/- |
| X-ray Foot (Rt. & Lt.)-Both view | 500/- |
| X-ray Foot(Lt.)-Both view | 250/- |
| X-ray Foot(Rt.)-Both view | 250/- |
| Myelogram(Cervical/Dorsal/Lumber Spine) | 1200/- |
| Dacrocystography | 1200/- |
| X- ray Shoulder Joint (Rt. & Lt.)-Both view | 500/- |
| X- ray Shoulder Joint(Lt.)-Both view | 250/- |
| X- ray Shoulder Joint(Rt.)-Both view | 250/- |
| X- ray Shoulder Joint (Lt.)-AP view | 250/- |
| X- ray Shoulder Joint (Rt.)-AP view | 250/- |
| X- ray Shoulder Joint supraspinatus outlet view | 250/- |
| X- ray Shoulder Joint swimmer's view | 250/- |
| X-ray X-ray Elbow Joint (Rt.& Lt.)-Both view | 500/- |
| X-ray X-ray Elbow Joint(Lt.)-Both view | 250/- |
| X-ray X-ray Elbow Joint(Rt.)-Both view | 250/- |
| X-ray X-ray Elbow Joint(Lt.)-AP view | 250/- |
| X-ray X-ray Elbow Joint(Rt.)-AP view | 250/- |
| X-ray wrist Joint(Rt./Lt.)-Both view | 500/- |
| X-ray wrist Joint(Lt.)-Both view | 250/- |
| X-ray wrist Joint(Rt.)-Both view | 250/- |
| X-ray wrist Joint(Lt.)-AP view | 250/- |
| X-ray wrist Joint(Rt.)-AP view | 250/- |
| X-ray wrist Joint-Oblique view | 250/- |
| X-ray wrist Joint scaphoid view | 250/- |
| X-ray Hand (Lt. & Rt.)-Both view | 500/- |
| X-ray Hand(Lt.)-Both view | 250/- |
| X-ray Hand(Rt.)-Both view | 250/- |
| X-ray Hand(Lt.)-AP view | 250/- |
| X-ray Hand(Rt.)-AP view | 250/- |
| X-ray Thigh (Lt./Rt.)-A/P lateral view | 500/- |
| X-ray Thigh (Lt./Rt.)A/P view | 250/- |
| X-ray Thigh lateral view (Rt./Lt.) | 250/- |
| X-ray Leg-A/P view (Rt./Lt.) | 250/- |
| X-ray Leg lateral view (Rt./Lt.) | 250/- |
| X-ray Leg AP view (Rt./Lt.) | 250/- |
| X-ray KUB | 300/- |
| X-ray Abdomen Erect posture/Supine view | 300/- |
| X-ray Babygram | 300/- |
| X-ray Clavicle-A/P view | 200/- |
| X-ray S.I Joint-AP & Oblique view | 500/- |
| X-reay S. I Joint-Modified Ferguson view | 500/- |
| X-ray Sacro-coccygeal region-Both view | 500/- |
| X-ray Sacro-coccygeal region-A/P view | 250/- |
| X-ray Sacro-coccygeal region-lateral view | 250/- |
| OPG - Dental X-ray | 350/- |

| | |
|--|--------|
| Mammogram-Single | 600/- |
| Mammogram-Both | 900/- |
| Ba-Swallow-Oesophagus | 700/- |
| Ba-meal-Stomach & duodenum | 600/- |
| Ba meal-follow through-Small intestine | 1000/- |
| Ba- Enema large intestine -Single contrasr | 900/- |
| Ba- Enema large intestine-Double contrasr | 900/- |
| IVU | 900/- |
| IVU with MCU | 1000/- |
| RGU/MCU | 900/- |
| Sialogram Both | 1200/- |
| Sialogram-Rt. Parotid | 600/- |
| Sialogram-Lt. Partotid | 600/- |
| Sialogram-Sub mandibular region | 600/- |
| Histerosalphingogram (HSG) | 1000/- |
| T-tube cholangiogram | 600/- |
| Fistulogram/Sinogram | 700/- |
| Venogram/Lymphangiogram | 800/- |
| Breast Scanning -Ultrasonogram & Mammogram | 1200/- |

সকল পরীক্ষা-নিরীক্ষার টাকা পূর্বলী ব্যাংক এর বুথ, ব্লক-এফ নীচ তলার মাধ্যমে নেওয়া হয়।

০২.

বিএসএম
এমইউ
ওপিডি ও
ভর্তি
এবং
বাহিরের
রোগী

সরাসরি

ওপিডি টিকিটে
কর্তব্যরত
চিকিৎসকের
চাহিদাপত্র, ভর্তি
রোগীর পরীক্ষা
ওয়ার্ড এর
কর্তব্যরত
চিকিৎসকের
চাহিদা পত্র এবং
বাহিরের রোগীর
পরীক্ষার চাহিদা
পত্র

পরীক্ষার নাম ও ফি (টাকা):

USG পরীক্ষার নাম ও ফি (টাকা)

| Test Name | Rate (Tk.) |
|---|------------|
| Ultrasonogram of Brain/Head | 500/- |
| Ultrasonogram of Eye ball | 500/- |
| Ultrasonogram of Thyroid /Neck | 500/- |
| Ultrasonogram of Upper Abdomen/HBS | 350/- |
| Ultrasonogram of Lower Abdomen/Pelvis | 350/- |
| Ultrasonogram- of Whole Abdomen | 500/- |
| Ultrasonogram of Pregnancy Profile/Anomaly scan | 500/- |
| Ultrasonogram of Abdominal wall | 500/- |
| Ultrasonogram of KUB | 350/- |
| Ultrasonogram of KUB+MCC+PVR with Prostate | 500/- |
| Ultrasonogram of KUB+PVR | 500/- |
| Ultrasonogram of Breasts | 500/- |
| Ultrasonogram of Chest wall | 500/- |
| Ultrasonogram of Testis | 500/- |
| Ultrasonogram of Scrotum | 500/- |
| Ultrasonogram of Penis | 500/- |
| Ultrasonogram of Guided FNAC | 700/- |
| Ultrasonogram of Guided Aspiration | 700/- |
| Ultrasonogram of Guided Drainage | 700/- |
| Ultrasonogram of Guided Core Biopsy | 700/- |
| Ultrasonogram of Guided any Procedure | 700/- |
| Ultrasonogram of Surface marking | 500/- |
| Ultrasonogram-of TVS | 600/- |
| Ultrasonogram of Transrectal | 600/- |
| Ultrasonogram-4D | 1000/- |
| Ultrasonogram Shoulder Joint-(Rt.) | 500/- |
| Ultrasonogram Shoulder Joint-(Lt.) | 500/- |
| Ultrasonogram Knee Joint-(Rt.) | 500/- |
| Ultrasonogram Knee Joint-(Lt.) | 500/- |
| Ultrasonogram of Any single joint | 500/- |
| Ultrasonogram of Any Both joints | 1000/- |
| Colour Doppler of Rt. Upper limb | 1000/- |
| Colour Doppler of Rt. Lower limb | 1000/- |

সকাল ৮.০০ থেকে
দুপুর ২.৩০ ঘটিকা
পর্যন্ত

অধ্যাপক ডা. মোছা:
হাবিবা খাতুন
ফোন: ০১৭১৫-
০৬৪৭২১

| | |
|---------------------------------------|--------|
| Colour Doppler of Lt. Upper limb | 1000/- |
| Colour Doppler of Lt. Lower limb | 1000/- |
| Ultrasonogram of Swelling (One area) | 500/- |

সকল পরীক্ষা-নিরীক্ষার টাকা পূর্বালী ব্যাংক এর বুথ, ব্লক-এফ নীচ তলার মাধ্যমে নেওয়া হয়।

০৩.

বিএসএম
এমইউ
ওপিডি ও
ভর্তি
এবং
বাহিরের
রোগী

সরাসরি

ওপিডি টিকিটে
কর্তব্যরত
চিকিৎকের
চাহিদাপত্র, ভর্তি
রোগীর পরীক্ষা
ওয়ার্ড এর
কর্তব্যরত
চিকিৎকের
চাহিদা পত্র এবং
বাহিরের রোগীর
পরীক্ষার চাহিদা
পত্র

পরীক্ষার নাম ও ফি (টাকা):

CT Scan পরীক্ষার নাম ও ফি (টাকা)

| Test Name | Rate (Tk.) |
|---|------------|
| CT scan of Brain /Head | 2500/- |
| CT scan of Orbits | 2400/- |
| CT scan of Brain+Orbits | 3000/- |
| CT scan of Paranasal Sinuses (PNS) | 2500/- |
| CT scan of Nasopharynx | 4500/- |
| CT scan Mastoid / Petromastoid region (HRCT) | 2500/- |
| CT scan of Face/Ear | 4500/- |
| CT scan of Maxillo facial with 3D | 4500/- |
| CT scan of Neck / Parotid region | 4500/- |
| CT scan of Upper Abdomen/HBS | 4000/- |
| CT scan of Lower Abdomen/Pelvis | 4000/- |
| CT scan of Whole Abdomen /KUB | 8000/- |
| Non contrast CT scan KUB | 4000/- |
| Non contrast CT scan of Whole Abdoman/ | 4000/- |
| Non contrast Upper / Lower abdoman | 4000/- |
| CT scan of Thorax/Chest | 4000/- |
| HRCT of Chest | 4000/- |
| CT scan of Chest with Virtual bronchoscopy | 7000/- |
| CT scan of Virtual colonoscopy | 5000/- |
| CT scan of Cervical Spine | 3000/- |
| CT scan of Dorsal Spine | 3000/- |
| CT scan of Lumber Spine | 3000/- |
| CT scan of Pelvis with 3D | 5000/- |
| CT scan of Hand (Rt /Lt) | 4500/- |
| CT scan of Wrist joint (Rt /Lt) | 4500/- |
| CT scan Elbow (Rt/Lt) | 4500/- |
| CT scan Shoulder(Rt/Lt) | 4500/- |
| CT scan of Clavicle / Sternoclavicular joint | 4500/- |
| CT scan of Foot (Rt/Lt) | 4500/- |
| CT scan of Ankle (Rt/Lt) | 4500/- |
| CT scan of Knee joint (Rt/Lt) | 4500/- |
| CT scan of Hip joint (Rt/Lt) | 4500/- |
| CT scan of Upper limb /Arm /Fore arm/Hand (Rt.) | 4500/- |
| CT scan of Upper limb /Arm /Fore arm/Hand (Lt.) | 4500/- |
| CT scan of Lower limb / Thigh /Leg/Foot(Rt.) | 4500/- |
| CT scan of Lower limb / Thigh /Leg/Foot(Lt.) | 4500/- |
| CT Guided FNAC | 4000/- |
| CT Mylogram (Cervical/Dorsal/Lumber Spine) | 5000/- |
| CT Angiogram Brain | 7000/- |
| CT Angiogram Carotid/Neck | 8000/- |
| CT Angiogram of Abdominal Aorta | 8000/- |
| CT Angiogram Pheriphiral-Upper limb | 8000/- |
| CT Angiogram Pheriphiral-Lower limb | 8000/- |
| CT Angiogram Heart (Cardiac) | 8000/- |
| CT Coronary Calcium Scoring | 3000/- |
| CT Pulmoanry Angiogram | 8000/- |
| CT Renal Angiogram with CT Urogram | 9000/- |
| CT Renal Angiogram | 8000/- |

সকাল ৮.০০ থেকে
দুপুর ২.৩০ ঘটিকা
পর্যন্ত এবং
দুপুর ২.৩০ থেকে
রাত ৮.০০ ঘটিকা
পর্যন্ত ১৫ ছাড়াও
রাত ৮.০০ টা
থেকে সকাল
৮.০০টা পর্যন্ত
জরুরী CT Scan
পরীক্ষা করা হয়।

অধ্যাপক ডা. মোছা:
হাবিবা খাতুন
ফোন:০১৭১৫-
০৬৪৭২১

| | | | | | | | |
|---|--|--|--|--|---------|--|--|
| | | | | CT Urogram | 8000/- | | |
| | | | | Whole body CT scan for skeleton survey-3D reconstruction | 10000/- | | |
| | | | | Extra film -Additional Charge | 500/- | | |
| সকল পরীক্ষা-নিরীক্ষার টাকা পূর্বালী ব্যাংক এর বুথ, ব্লক-এফ নীচ তলার মাধ্যমে নেওয়া হয়। | | | | | | | |

| ক্রমিক নং | সেবার নাম | সেবা প্রদান পদ্ধতি | প্রয়োজনীয় কাগজপত্র ও প্রাপ্তিস্থান | সেবার মূল্য এবং পরিশোধ পদ্ধতি | সেবা প্রদানের সময়সীমা | দায়িত্ব প্রাপ্ত কর্মকর্তা/কর্মচারী নাম, পদবী, ফোন নম্বর ও ই-মেইল | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---|---|--|--|--------------|--------|--------------------------|--------|--|--------|----------------------------|--------|-----------------------|--------|-----------------|--------|-----------------|--------|---------------------------------|--------|------------------------|---------|--|---------|--------------|--------|---|--------|--------------------------|--------|-------------|--------|-----------------------|--------|---|--------|---------------------|--------|--|--------|---------------------|--------|--|--------|--|--------|----------------------|--------|----------------------------|--------|----------------------|--------|----------------------------|---------|---------------|--------|------|--------|-----------------|--------|-----------------------------------|--------|---|--------|--|--------|--------------|--------|-------------------------------|--------|------------------------|--------|----------------|--------|------------------------|---------|----------------|--------|--------------------------------------|--------|--------------------------------------|--------|-----------------------|--------|--|--------|---|--------|---|--------|--|--------|------------------------------------|--------|--|--|
| ১ | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ০৪. | বিএসএম এমইউ ওপিডি ও ভর্তি এবং বাহিরের রোগী | সরাসরি | ওপিডি টিকিটে কর্তব্যরত চিকিৎসকের চাহিদাপত্র, ভর্তি রোগীর পরীক্ষা ওয়ার্ড এর কর্তব্যরত চিকিৎসকের চাহিদা পত্র এবং বাহিরের রোগীর পরীক্ষার চাহিদা পত্র | পরীক্ষার নাম ও ফি (টাকা): MRI পরীক্ষার নাম ও ফি (টাকা) | সকাল ৮.০০ থেকে দুপুর ২.৩০ ঘটিকা পর্যন্ত এবং দুপুর ২.৩০ থেকে রাত ৮.০০ ঘটিকা পর্যন্ত। | অধ্যাপক ডা. মোহা: হাবিবা খাতুন ফোন: ০১৭১৫-০৬৪৭২১ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <table border="1"> <thead> <tr> <th>Test Name</th> <th>Rate (Tk.)</th> </tr> </thead> <tbody> <tr><td>MRI of Brain</td><td>5000/-</td></tr> <tr><td>MRI of Brain + Pituitary</td><td>8000/-</td></tr> <tr><td>MRI of Pituitary / Sella / Parasellar region</td><td>5000/-</td></tr> <tr><td>MRI of Orbits / Ear / Face</td><td>5000/-</td></tr> <tr><td>MRI of Brain & Orbits</td><td>6000/-</td></tr> <tr><td>MRI Brain + MRV</td><td>8000/-</td></tr> <tr><td>MRI Brain + MRS</td><td>8000/-</td></tr> <tr><td>MRA of Brain + MRA Neck vessels</td><td>8000/-</td></tr> <tr><td>MRI of Brain + MRA+MRV</td><td>10000/-</td></tr> <tr><td>MRA of Brain + MRA of Neck vessels + MRV</td><td>10000/-</td></tr> <tr><td>MRV of Brain</td><td>5000/-</td></tr> <tr><td>MRI of Petromastoid / Mastoid / Temporal bone</td><td>6000/-</td></tr> <tr><td>MRI of Nasopharynx / PNS</td><td>6000/-</td></tr> <tr><td>MRI of Neck</td><td>6000/-</td></tr> <tr><td>MRI of Cervical Spine</td><td>5000/-</td></tr> <tr><td>MRI of Cervical Spine with Screening of whole spine</td><td>6000/-</td></tr> <tr><td>MRI of Dorsal Spine</td><td>5000/-</td></tr> <tr><td>MRI of Dorsal Spine with screening whole spine</td><td>6000/-</td></tr> <tr><td>MRI of Lumbar Spine</td><td>5000/-</td></tr> <tr><td>MRI of Lumbar Spine with screening whole spine</td><td>6000/-</td></tr> <tr><td>MRI of Brachial plexus / Lumbar plaxus</td><td>5000/-</td></tr> <tr><td>MRI of Breast (Both)</td><td>6000/-</td></tr> <tr><td>MRI of Upper Abdomen / HBS</td><td>5000/-</td></tr> <tr><td>MRI of Lower Abdomen</td><td>5000/-</td></tr> <tr><td>MRI of Whole Abdomen / KUB</td><td>10000/-</td></tr> <tr><td>MRI of Pelvis</td><td>5000/-</td></tr> <tr><td>MRCP</td><td>5000/-</td></tr> <tr><td>MRCP+CT section</td><td>6000/-</td></tr> <tr><td>MRI of Prostate (Multiparametric)</td><td>5000/-</td></tr> <tr><td>MRI of (Single sequence) age determination(wrist)</td><td>3000/-</td></tr> <tr><td>MR Myelogram (Cervical /Dorsal / Lumbar spine)</td><td>6000/-</td></tr> <tr><td>MR Urography</td><td>7000/-</td></tr> <tr><td>MR Proctography/Defaecography</td><td>6000/-</td></tr> <tr><td>MR Tractography (DTI)</td><td>5000/-</td></tr> <tr><td>MR Pontography</td><td>7000/-</td></tr> <tr><td>MRI of Heart (Cardiac)</td><td>10000/-</td></tr> <tr><td>MR Aortography</td><td>6000/-</td></tr> <tr><td>MR Pheripheral angiogram-Upper limbs</td><td>8000/-</td></tr> <tr><td>MR Pheripheral angiogram-Lower limbs</td><td>8000/-</td></tr> <tr><td>MRI of Chest / Thorax</td><td>8000/-</td></tr> <tr><td>MRI of Upper Limbs /Arm / Fore arm/ Hand (Rt.)</td><td>7000/-</td></tr> <tr><td>MRI of Upper Limbs /Arm / Fore arm/ Hand (Lt.)</td><td>7000/-</td></tr> <tr><td>MRI of Lower Limbs/ Thigh / Leg /Foot (Rt.)</td><td>7000/-</td></tr> <tr><td>MRI of Lower Limbs/ Thigh/Leg /Foot (Lt)</td><td>7000/-</td></tr> <tr><td>MRI of Hand/Finger/Thumb (Rt./Lt.)</td><td>5000/-</td></tr> </tbody> </table> | Test Name | Rate (Tk.) | MRI of Brain | 5000/- | MRI of Brain + Pituitary | 8000/- | MRI of Pituitary / Sella / Parasellar region | 5000/- | MRI of Orbits / Ear / Face | 5000/- | MRI of Brain & Orbits | 6000/- | MRI Brain + MRV | 8000/- | MRI Brain + MRS | 8000/- | MRA of Brain + MRA Neck vessels | 8000/- | MRI of Brain + MRA+MRV | 10000/- | MRA of Brain + MRA of Neck vessels + MRV | 10000/- | MRV of Brain | 5000/- | MRI of Petromastoid / Mastoid / Temporal bone | 6000/- | MRI of Nasopharynx / PNS | 6000/- | MRI of Neck | 6000/- | MRI of Cervical Spine | 5000/- | MRI of Cervical Spine with Screening of whole spine | 6000/- | MRI of Dorsal Spine | 5000/- | MRI of Dorsal Spine with screening whole spine | 6000/- | MRI of Lumbar Spine | 5000/- | MRI of Lumbar Spine with screening whole spine | 6000/- | MRI of Brachial plexus / Lumbar plaxus | 5000/- | MRI of Breast (Both) | 6000/- | MRI of Upper Abdomen / HBS | 5000/- | MRI of Lower Abdomen | 5000/- | MRI of Whole Abdomen / KUB | 10000/- | MRI of Pelvis | 5000/- | MRCP | 5000/- | MRCP+CT section | 6000/- | MRI of Prostate (Multiparametric) | 5000/- | MRI of (Single sequence) age determination(wrist) | 3000/- | MR Myelogram (Cervical /Dorsal / Lumbar spine) | 6000/- | MR Urography | 7000/- | MR Proctography/Defaecography | 6000/- | MR Tractography (DTI) | 5000/- | MR Pontography | 7000/- | MRI of Heart (Cardiac) | 10000/- | MR Aortography | 6000/- | MR Pheripheral angiogram-Upper limbs | 8000/- | MR Pheripheral angiogram-Lower limbs | 8000/- | MRI of Chest / Thorax | 8000/- | MRI of Upper Limbs /Arm / Fore arm/ Hand (Rt.) | 7000/- | MRI of Upper Limbs /Arm / Fore arm/ Hand (Lt.) | 7000/- | MRI of Lower Limbs/ Thigh / Leg /Foot (Rt.) | 7000/- | MRI of Lower Limbs/ Thigh/Leg /Foot (Lt) | 7000/- | MRI of Hand/Finger/Thumb (Rt./Lt.) | 5000/- | | |
| Test Name | Rate (Tk.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Brain | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Brain + Pituitary | 8000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Pituitary / Sella / Parasellar region | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Orbits / Ear / Face | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Brain & Orbits | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI Brain + MRV | 8000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI Brain + MRS | 8000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRA of Brain + MRA Neck vessels | 8000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Brain + MRA+MRV | 10000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRA of Brain + MRA of Neck vessels + MRV | 10000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRV of Brain | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Petromastoid / Mastoid / Temporal bone | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Nasopharynx / PNS | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Neck | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Cervical Spine | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Cervical Spine with Screening of whole spine | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Dorsal Spine | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Dorsal Spine with screening whole spine | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Lumbar Spine | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Lumbar Spine with screening whole spine | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Brachial plexus / Lumbar plaxus | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Breast (Both) | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Upper Abdomen / HBS | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Lower Abdomen | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Whole Abdomen / KUB | 10000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Pelvis | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRCP | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRCP+CT section | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Prostate (Multiparametric) | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of (Single sequence) age determination(wrist) | 3000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR Myelogram (Cervical /Dorsal / Lumbar spine) | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR Urography | 7000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR Proctography/Defaecography | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR Tractography (DTI) | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR Pontography | 7000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Heart (Cardiac) | 10000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR Aortography | 6000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR Pheripheral angiogram-Upper limbs | 8000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MR Pheripheral angiogram-Lower limbs | 8000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Chest / Thorax | 8000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Upper Limbs /Arm / Fore arm/ Hand (Rt.) | 7000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Upper Limbs /Arm / Fore arm/ Hand (Lt.) | 7000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Lower Limbs/ Thigh / Leg /Foot (Rt.) | 7000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Lower Limbs/ Thigh/Leg /Foot (Lt) | 7000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRI of Hand/Finger/Thumb (Rt./Lt.) | 5000/- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | | MRI of Fore arm/Humerous (Rt./Lt.) | 5000/- | | | |
| | | | | MRI of shoulder joints (Rt./Lt.) | 5000/- | | | |
| | | | | MRI of Elbow/Wrist joints (Rt./Lt.) | 5000/- | | | |
| | | | | MRI of TM Joint | 5000/- | | | |
| | | | | MRI of Knee Joints (Rt. & Lt.) | 10000/- | | | |
| | | | | MRI of Left Knee Joints | 5000/- | | | |
| | | | | MRI of Right Knee Joints | 5000/- | | | |
| | | | | MRI of Ankle Joint Rt./Lt.) | 5000/- | | | |
| | | | | MRI of Foot (Rt./Lt.) | 5000/- | | | |
| | | | | MR Acoustic canal / IAC | 6000/- | | | |
| | | | | MR Sialography | 7000/- | | | |
| | | | | MR Sinogram/ Fistulography | 5000/- | | | |
| | | | | MRI of Enterography | 5000/- | | | |
| | | | | MRI of Functional | 5000/- | | | |
| | | | | Extra film-additional Charge | 500/- | | | |
| | | | সকল পরীক্ষা-নিরীক্ষার টাকা পূর্বালী ব্যাংক এর বুথ,রক-এফ নীচ তলার মাধ্যমে নেওয়া হয়। | | | | | |



অধ্যাপক ডা. মোছা: হাবিবা খাতুন

চেয়ারম্যান

রেডিওলজি ও ইমেজিং বিভাগ

বঙ্গবন্ধু শেখ মুজিব মেডিক্যাল বিশ্ববিদ্যালয়

শাহবাগ, ঢাকা-১০০০।