



OUT PATIENT PRICE LIST

X Ray Department

X Ray

Phone **091 381922**
Fax **091 757639**

MRI

Phone **091 381975**
Fax **091 757639**

Plain Film X Ray	€95-€105
DEXA Scan	€100
Mammogram	€150
Upper Abdominal Ultrasound & Pelvic Ultrasound	€295
Upper Abdominal Ultrasound	€220
Pelvic Ultrasound	€180
M.R.I. Scan	€250
C. T. Scan	€250

Subject to certain criteria, Private Health Insurance may cover Out Patient MRI & CT scans as follows;

	AVIVA	ESB/GMA	GLO	VHI
MRI	✓	✓	✓	✓
CT	✓	✓	✓	

Cardiology

Phone **091 381929** • Fax **091 381935**.

Resting ECG	€40
Blood Pressure Monitor	€85
Stress Test	€180
Echocardiogram	€230
24 hour Holter Monitor	€150
48 hour Holter Monitor	€180
72 hour Holter Monitor	€200
7 Day Holter Monitor	€240

Respiratory

Phone **091 381929** • Fax **091 757435**

Home Limited Sleep Study	€230
Pulmonary Function Test	€230

Physiotherapy

Phone **091 381955** • Fax **091 381934**

Initial consultation fee	€55
Follow up visit (30 minutes)	€45
Follow up visit (60 minutes)	€55

Medical Assessment Unit

Phone **091 381930** • Fax **091 381935**

There are three levels of charges for patients attending the service depending on the extent of tests required;

- Level A €295
- Level B €395
- Level C €495

Neurology

Phone **091 381921** • Fax **091 757435**

Routine EEG	€200
Sleep deprived EEG	€225