

## Precios Establecidos en los Servicios de Atención Año 2023

| ODONTOLOGIA |            |       |
|-------------|------------|-------|
| 1           | Profilaxis | 85.00 |
| 2           | Obturación | 90.00 |
| 3           | Exodoncia  | 30.00 |
| 4           | Evaluación | 0.00  |
| 5           | Pulpotomía | 90    |

| ULTRASONIDOS |                                                 |        |
|--------------|-------------------------------------------------|--------|
| 1            | US TIROIDES / CUELLO                            | 350.00 |
| 3            | US MAMAS                                        | 350.00 |
| 4            | US ABDOMEN SUPERIOR                             | 300.00 |
| 5            | US ABDOMEN TOTAL                                | 350.00 |
| 6            | US RENAL Y VIAS URINARIAS                       | 250.00 |
| 7            | US PELVICO                                      | 250.00 |
| 8            | US PROSTATICO                                   | 250.00 |
| 9            | US INGUINAL                                     | 350.00 |
| 10           | US PARTES BLANDAS                               | 350.00 |
| 11           | US HOMBRO/ RODILLA                              | 350.00 |
| 12           | US TORAX                                        | 350.00 |
| 13           | US OBSTETRICO                                   | 350.00 |
| 14           | US DOPPLER TESTICULAR                           | 350.00 |
| 15           | US DOPPLER ARTERIAL                             | 500.00 |
| 16           | US DOPPLER CAROTIDEO Y VER                      | 500.00 |
| 17           | US DOPPLER RENAL                                | 500.00 |
| 18           | US DOPPLER VENOSO                               | 500.00 |
| 19           | BIOPSIA DE TIROIDES/<br>GANGLIOS POR ASPIRACIÓN | 500.00 |
| 20           | BIOPSIA DE MAMA                                 | 600.00 |

|   |                           |        |
|---|---------------------------|--------|
| 1 | <b>Electrocardiograma</b> | 50.00  |
| 1 | <b>Laser Oftalmología</b> | 150.00 |

| LABORATORIO |                         |        |
|-------------|-------------------------|--------|
| 1           | Hemograma               | 50.00  |
| 2           | Ves                     | 25.00  |
| 3           | Frotis de Sangre        | 25.00  |
| 4           | Examen General de Orina | 25.00  |
| 5           | Examen General de Heces | 20.00  |
| 6           | Wright en Heces         | 20.00  |
| 7           | Glucosa                 | 15.00  |
| 8           | Glucosa 2HPP            | 30.00  |
| 9           | Hemoglobina Glico       | 170.00 |
| 10          | Urea                    | 15.00  |
| 11          | Creatinina              | 15.00  |
| 12          | Colesterol Total        | 15.00  |
| 13          | Colesterol HDL          | 15.00  |
| 14          | Colesterol LDL          | 40.00  |
| 15          | Trigliceridos           | 15.00  |
| 16          | Acido Urico             | 15.00  |
| 17          | TGO                     | 15.00  |
| 18          | TGP                     | 15.00  |
| 19          | Bilirubina Total        | 15.00  |
| 20          | Bilirubina Directa      | 15.00  |
| 21          | Bilirubina Indirecta    | 15.00  |
| 22          | Proteína Total          | 15.00  |
| 23          | Albumina                | 15.00  |
| 24          | Amilasa                 | 15.00  |
| 25          | CKMB                    | 40.00  |
| 26          | MALB                    | 40.00  |
| 27          | Calcio                  | 15.00  |

  
 Abogada Melody Sadlo Ariza  
 Gerente Administrativo