



Republic of the Philippines
Province of Negros Occidental
Hospital Operations Department
GOV. VALERIANO M. GATUSLAO MEMORIAL HOSPITAL
Himamaylan City, Negros Occidental
"75-bed capacity Level 1 Hospital"



HEALTH SERVICES PRICE LIST

DATE UPDATED:
August 18, 2022

INCLUDES:

- ❖ Price per type of accommodation, critical care units and emergency room
- ❖ Fees for medical and surgical procedures
- ❖ Price of laboratory test
- ❖ Professional fees
- ❖ Price of drugs, medicines and medical supplies
- ❖ Bundle/package price of health services
- ❖ Corresponding Philhealth case rate packages



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Room Rates

1. WARDS/PHIC ROOMS	
a. PHIC PATIENTS	PER PHIC RATE/LEVEL/CASE
b. NON PHIC PATIENTS	P 300.00/DAY
2. RECOVERY ROOM	P 100.00/HOUR
3. OBSERVATION ROOM	P 300.00/DAY
4. TREATMENT ROOM FEE	P 100.00
5. EMERGENCY ROOM FEE	P 200.00

Operating Rooms

1. MAJOR	PER RUV OF PHIC
2. MINOR	PER RUV OF PHIC

Obstetrics

1. OB PACKAGE FOR 1 ST 3 BABIES NSVD	P 4, 500.00
2. OB PACKAGE FOR 4 TH ONWARD NSVD	P 3, 000.00
3. CAESARIAN SECTION	PER RUV OF PHIC
4. NEWBORN SCREENING	P 600.00
5. NEWBORN HEARING TEST	P 300.00
6. HEPATITIS B	P 200.00
7. BCG	P 200.00
8. EYE PROPHYLAXIS	P 50.00
9. VITAMIN K	P 50.00
10. NEWBORN SCREENING PACKAGE	PER RUV OF PHIC
11. DELIVERY ROOM FEE	P 500.00



Physician's Daily Visit

1. GENERAL PRACTITIONER	
a. PHIC PATIENTS	PER PHIC RATES
b. NON PHIC PATIENTS	P 250.00/DAY
2. CONSULTANTS/SPECIALIST	
a. PHIC PATIENTS	PER PHIC RATES
b. NON PHIC PATIENTS	P 350.00/DAY

Surgical Operation/Procedure

MAJOR/MINOR OPERATION	PER PHIC RUV RATES
SURGEON FEE	PER PHIC RUV RATES
ANESTHESIOLOGIST FEE	PER PHIC RUV RATES

X-ray Rates

1. HEAD	
- AUDITY	P 130.00
- FACIAL BONE	P 130.00
- MANDIBLE	P 130.00
- NASAL BONES	P 130.00
- ORBIT	P 130.00
- PARANASAL SINUSES	P 220.00
- SKULL	P 160.00
- T-M JOINTS	P 130.00
- PARANASAL SERVICES	P 130.00
- ZYGOMA	P 130.00
2. CHEST	
- CHEST X-RAY (PA)	P 110.00
- PA & LATERAL (INFANT)	P 150.00
- PA & LATERAL (CHILD)	P 150.00
- PA & LATERAL (ADULT)	P 195.00
- RIBS	P 195.00



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- PA (CHILD)	P 110.00
- PA (ADULT)	P 110.00
- CARDIAC SERIES	P 110.00
3. SPINE	
- CERVICAL APL	P 195.00
- ENTIRE SPINE	P 605.00
- THORACO-SACRAL	P 195.00
- LUMBO-SACRAL	P 195.00
- SACRUM & COCYX	P 195.00
- SKELETAL SPINE	P 195.00
4. EXTREMITIES	
- SHOULDER, JOINT ARM, FOREARM, FEMUR, LG, ANKLE, FOOT (EACH)	P 150.00
- UPPER EXTREMITIES	P 150.00
- LOWER EXTREMITIES	P 150.00
5. ABDOMEN	
- PLAIN KUB (CHILD)	P 195.00
- PLAIN KUB (ADULT)	P 195.00
- FLAT (KUB)	P 195.00
- FLAT & UPRIGHT (CHILD)	P 195.00
- FLAT & UPRIGHT (ADULT)	P 195.00
- UGIS	P 625.00
6. BILIARY	
- GB SERIES	P 350.00
- TV CHOLAGIOGRAM	P 380.00
- T-TUBE	P 115.00
- T-TUBE CHOLANGIOGRAM	P 380.00
7. GENITO URINARY	
- HYUSTEROSALPHINGOGRAM	P 350.00
- IVP	P 570.00
- PLACENTOGRAM	P 120.00
8. COMBINATION	
- GB, GI SERIES	P 755.00
- GB, BARIUM ENEMA	P 640.00
- GB, IVP	P 470.00
- GB, GI, BE	P 1, 000.00
- GB, GI, IVP	P 1, 000.00
- GB, GI, IVP, BE	P 1, 475.00
- GB, BE	P 170.00
- BE, IVP	P 780.00
- BE, GI, IVP	P 1, 270.00



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- Barium Swallow	P 270.00
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Laboratory Services Rate

PRODUCT/S	UNIT PRICE
1. HEMATOLOGY	
COMPLETE BLOOD COUNT WITH PLATELET	P 210.00
COMPLETE BLOOD COUNT	P 150.00
PLATELET COUNT	P 60.00
Hgb, Hct	P 50.00
ABO/ Rhotyping	P 75.00
CT/BT	P 50.00
ESR	P 100.00
2. CHEMISTRY	
RANDOM BLOOD SUGAR	P 80.00
FASTING BLOOD SUGAR	P 110.00
HBA1C	P 800.00
LIPID PROFILE	P 500.00
TOTAL CHOLESTEROL	P 150.00
TRIGLYCERIDE	P 150.00
HDL- CHOLESTEROL	P 150.00
URIC ACID	P 120.00
BUN	P 120.00
CREATININE	P 120.00
SGPT	P 150.00
SODIUM	P 200.00
POTASSIUM	P 200.00
CHLORIDE	P 200.00
CALCIUM	P 200.00
3. MICROSCOPY	
URINALYSIS	P 60.00
STOOL EXAM	P 40.00



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4. SEROLOGY	
PREGNANCY TEST	P 150.00
HEPATITIS B SURFACE ANTIGEN TEST (HbsAg)	P 150.00
TROP I	P 600.00
TYPHIDOT	P 600.00
VDRL	P 300.00
ANTI HAV	P 750.00
DENGUE NS1	P 750.00
RAPID ANTIGEN TEST	P 900.00
ASOT	P 350.00
5. SPECIAL CHEMISTRY	
AMYLASE	P 200.00
DIRECT BILIRUBIN	P 200.00
INDIRECT BILIRUBIN	P 200.00
ALBUMIN	P 150.00
SGOT	P 150.00
6. BLOOD BANKING	
CROSS MATCHING	P 150.00
BLOOD PROCESSING FEE (WHOLE BLOOD)	P 1,100.00
BLOOD PROCESSING FEE (PACKED RBC)	P 1,000.00
7. OTHERS	
NEWBORN SCREENING	P 1,750.00

Dental Services

1. EXTRACTION, PERMANENT, PER TOOTH	P 100.00
2. EXTRACTION, TEMPORARY, PER TOOTH	P 70.00
3. ORAL PROPHYLAXIS	P 150.00
4. DENTAL X-RAY	P 100.00
5. PERMANENT FILLING	
a. LIGHT CURE	P 350.00/CAVITY
b. GLASS IONOMER	P 200.00/CAVITY
c. AMALGAM	P 150.00
6. TEMP. FILLING (TEMPAK) HYDR.	P 150.00/CAVITY



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Other Special Charges

1. OXYGEN TANK	P 0.50/PSI
2. ECG	P 200.00
- MINOR OPD	P 150.00
- MINOR OR	P 250.00
3. BIRTH CERTIFICATE	P 20.00
4. MEDICAL CERTIFICATE	P 20.00
5. DENTAL CERTIFICATE	P 20.00
6. CONSULTATION	P 50.00
7. MEDICO LEGAL CERTIFICATE	P 20.00
8. CERTIFICATE OF TRAINING VOLUNTEERS	P 20.00

Medicines

ACETYLCYSTEINE	600MG	TABLET	ACC	54.00
ACTETYLCYSTEINE	200MG	SACHET	FLUIMUCIL	23.00
ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE	225MG/200MG/5ML, 120ML	BOTTLE	EDROXID	125.00
ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE	200MG/100MG	TABLET	SHELOGEL	4.00
AMINOPHYLLINE	25MG/10ML	AMPULE	AMINOSOL	63.00
AMLODIPINE 5MG TABLET	5MG	TABLET	DIADIPINE	4.00
AMLODIPINE 10MG TABLET	10MG	TABLET	BESYLON	9.00
AMPICILLIN SODIUM	250MG	VIAL	SUMPILIN	25.00
AMPICILLIN SODIUM	500MG	VIAL	AMPIVEX	63.00
AMPICILLIN SODIUM	1G	VIAL	AMPI-1	75.00
AMPICILLIN SODIUM + SULBACTAM SODIUM	500MG/250MG	VIAL	QUALISULTAM	250.00
AMPICILLIN SODIUM + SULBACTAM SODIUM	1G/500MG	VIAL	AMPINEX PLUS	438.00
ANTI TETANUS SERUM	1500 "IU"	AMPULE	ANTITET	113.00
ANTI TETANUS SERUM	5000 "IU"	AMPULE	ANTITET	350.00
ASPIRIN	100MG	TABLET	ASPEN	4.00
ATRACURIUM BESYLATE	10MG/ML , 2.5ML	AMPULE	TRACIUM	438.00
ATROPINE SULFATE	1MG/ML	AMPULE	HIZON LAB	50.00
AZITHROMYCIN	500MG	TABLET	RESPAZIT	84.00
BETAHISTINE HYDROCHLORIDE	16MG	TABLET	BETZINE	9.00
BISACODYL	5MG	TABLET	DYLAX	3.00



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BISACODYL	10MG	SUPPOSITORY	DULCOLAX	80.00
BUDESONIDE	500MCG/2ML	NEBULE	ASHTHLON	56.25
BUPIVACAINE HYDROCHLORIDE	5MG/ML,4ML	AMPULE	SENSORCAINE HEAVY	805.00
BUTAMIRATE CITRATE	50MG	TABLET	COFMED	25.00
CALCIUM GLUCONATE	10%, 10ML	POLYAMP	EUROMED	82.00
CAPTOPRIL	25MG	TABLET	BIOPRIL	1.00
CEFALEXIN	500MG	CAPSULE	LONAREL	28.00
CEFIXIME TRIHYDRATE	200MG	CAPSULE	TRIOZIME	75.00
CEFTAZIDIME	1G	VIAL	ZEFTACARE	143.00
CEFTRIAZONE SODIUM	1G	VIAL	ULTRIXONE-1000	325.00
CEFUROXIME AXETIL	500MG	TABLET	FLOXAM	57.00
CEFUROXIME	750MG	VIAL	ZINACARE	188.00
CELECOXIB	200MG	CAPSULE	SAPHLECOX	29.00
CETIRIZINE DIHYDROCHLORIDE	10MG	TABLET	ALERMED	19.00
CINNARIZINE	25MG	TABLET	RIZINE	4.00
CIPROFLOXACIN	500MG	TABLET	XYPEN	15.00
CLARITHROMYCIN	500MG	TABLET	KLARITHIX	40.00
CLARITHROMYCIN	125/5 ML, 50ML	BOTTLE	CLARITHROMED	400.00
CLINDAMYCIN	600MG	AMPULE	DALAMYCIN	350.00
CLONIDINE HYDROCHLORIDE	75MCG	TABLET	ALPHAPRESS	17.00
CLONIDINE HYDROCHLORIDE	150MCG	TABLET		32.00
CLOPIDOGREL	75MG	TABLET	SAPHLOPID	8.00
CLOXACILLIN SODIUM	500MG	CAPSULE	CLOXIN	14.00
CO-AMOXICLAV	500MG/125MG	TABLET	ALTOVOX	53.00
50% DEXTROSE IN WATER	50ML	BOTTLE	EUROMED	80.00
LACTATED RINGER'S SOLUTION	1L	BOTTLE	EUROMED	105.00
LACTATED RINGER'S SOLUTION	500ML	BOTTLE	EUROMED	99.00
0.9% SODIUM CHLORIDE FOR IRRIGATION	1L	BOTTLE		90.00
0.9% SODIUM CHLORIDE	1L	BOTTLE	EUROMED	105.00
5% DEXTROSE IN LACTATED RINGER'S SOLUTION	1L	BOTTLE	ENDURE	91.00
5% DEXTROSE IN LACTATED RINGER'S SOLUTION	500ML	BOTTLE	B-BRAUN	100.00
BALANCED MULTIPLE MAINTENANCE SOLUTION WITH 5% DEXTROSE	1L	BOTTLE	EUROMED	105.00
5% DEXTROSE IN 0.3% SODIUM CHLORIDE	500ML	BOTTLE	EUROMED	99.00



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BALANCED MULTIPLE MAINTENANCE SOLUTION WITH 5% DEXTROSE	500ML	BOTTLE	EUROMED	100.00
5% DEXTROSE IN WATER	500ML	BOTTLE	EUROMED	100.00
DEXAMETHASONE	8MG/2ML	AMPULE	DEXAMAK	125.00
DEXAMETHASONE	4MG	TABLET	DECILOE FORTE	38.00

DIPHENHYDRAMINE HYDROCHLORIDE	12.5MG/5ML, 60ML	BOTTLE	MEDRYL	47.00
DIPHENHYDRAMINE HYDROCHLORIDE	50MG	AMPULE	ALLERIGHT	95.00
DIPHENHYDRAMINE HYDROCHLORIDE	50MG	CAPSULE	HISTAZYN	5.00
DOBUTAMINE	12.5MG/ML, 20ML	VIAL	DOBUMEAN	524.00
DOMPERIDONE	10MG	TABLET	APULDON	5.00
DOPAMINE HYDROCHLORIDE	40MG/ML, 5ML	AMPULE	DOPAN	188.00
ENOXAPARIN SODIUM	400MG/0.4ML	PRE-FILLED SYRINGE	CLAXO-40	875.00
EPHEDRINE SULFATE	50MG/ML, 1ML	AMPULE	HIZON LAB	109.00
EPINEPHRINE	1MG/ML	AMPULE	EPIX	87.13
EPINEPHRINE	1MG/ML	AMPULE	ACCEPHRINE	100.00
FUROSEMIDE	20MG/2ML	AMPULE	ROSEMIDE	25.00
FUROSEMIDE	20MG/2ML	AMPULE	LAZICARE	50.00
FUROSEMIDE	20MG	TABLET	DM	4.00
FUROSEMIDE	40MG	TABLET	FUSEDEX	2.00
GABAPENTIN	100MG	CAPSULE	GAPAXIN	23.00
GABAPENTIN	300MG	CAPSULE	GABAVEX 300	45.00
GENTAMICIN	40MG/ML, 2ML	AMPULE	GENTAM	22.00
GENTAMICIN	40MG/ML, 2ML	AMPULE	GENTACARE	38.00
GLIMEPIRIDE	2MG	TABLET	GLIMESAPH T2	9.00
HUMAN TETANUS IMMUNOGLOBULIN	250"IU"	VIAL	SERO-TET	1500.00
HUMAN INSULIN 70/30	100"IU"/ML,10ML	VIAL	INSUGET	938.00
HYRALAZINE	20MG/ML	AMPULE	ZACZIN	133.00
HYDROCORTISONE	100MG	VIAL	HYDROWEST	125.00
HYDROCORTISONE	250MG	VIAL	CORBAL-250	313.00
HYOSCINE-N-BUTYLBROMIDE	20MG/ML	AMPULE	EUROZINE	88.00
ISOSORBIDE DINITRATE	5MG	SL TABLET	ISORDIL	44.00
KETOROLAC	30MG	AMPULE	KETOMED	100.00
LIDOCAINE HYDROCHLORIDE	2%, 5ML	POLYAMP	EUROCAINE	57.00
LIDOCAINE HYDROCHLORIDE	2%, 50ML	POLYAMP	EUROCAINE	72.00
LORATADINE	10MG	TABLET	AMELOR	12.00



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LORATADINE	5MG/5ML,60ML	BOTTLE	ACCE LORA	69.00
LOSARTAN	50MG	TABLET	ANGEL 50	4.00
MAGNESIUM SULFATE AMPULE	250MG/ML,20ML	VIAL	EUROMED	60.00
MEFENAMIC ACID	500MG	CAPSULE	MEGYXAN	2.00
METFORMIN	500MG	TABLET	INSUMED	5.00

METHYLERGONOMETRINE MALEATE AMP	200MCG/ML,1ML	AMPULE	ERGOMET	54.00
METHYLPREDNISOLONE	4MG	TABLET	MEDROL	37.00
METOCLOPRAMIDE	10MG/2ML	AMPULE	METVEX	20.00
METOCLOPRAMIDE	10MG/2ML	AMPULE	METO	12.50
METRONIDAZOLE	125MG/5ML, 60ML	BOTTLE	MEDGYL	82.00
METRONIDAZOLE	500MG	TABLET	MEDGYL	5.00
MONTELUKAST SODIUM	10MG	TABLET	KASTEL	25.00
MUPIROCIN OINTMENT	20MG/G, 5G	TUBE	MICROSCOT	300.00
NICARDIPINE	10MG	AMPULE	CARDOWIN	688.00
OMEPRAZOLE	40MG	VIAL	OMEFREE	132.00
OMEPRAZOLE	40MG	CAPSULE	XOPRAZOLE PLUS	20.00
OMEPRAZOLE	20MG	CAPSULE	OMEBLOC 20	4.00
ORAL REHYDRATION SALT	5.575G	SACHET	DEHYDROSOL	5.00
OXYTOCIN	10"IU",1ML	AMPULE	GYNE-TOCIN	113.00
PARACETAMOL	250MG/5ML ,60ML	BOTTLE	TERMAGEN	94.00
PARACETAMOL	150MG/ML, 2ML	AMPULE	AMCETAM	18.00
PARACETAMOL	100MG/ML, 15ML	BOTTLE	BIOGIC	73.00
PARACETAMOL	125MG/5ML ,60ML	BOTTLE	NOVAMOL	49.00
PARACETAMOL	500MG	TABLET	PARASAPH 500	2.00
PHENYTOIN	100MG	CAPSULE	DILANTIN	63.00
PHYTOMENADIONE	10MG/ML	AMPULE	HEMOGEN	73.00
POTASSIUM CHLORIDE	2MEQ/ML, 20ML.	VIAL	EUROMED	58.00
RANITIDINE	25MG/ML, 2ML	AMPULE	RANETEIN	48.00
ROCURONIUM BROMIDE	10MG/ML,5ML	AMPULE	KABIROC	600.00
SALBUTAMOL SULFATE	1MG/ML, 2.5 ML	NEBULE	HIVENT	38.00
SALBUTAMOL SULFATE	100MCG, 200 DOSES	INHALER	VENTOLAX	225.00
SALBUTAMOL SULFATE	2MG/5ML, 60ML	BOTTLE	VN2	37.00
SEVOFLURANE	250ML	BOTTLE	SEVORANE	25625.00
SILVER SULFADIAZINE CREAM	1%, 15G	TUBE	MAZINE	275.00
SIMVASTATIN	20MG	TABLET	PHILSTAT	4.00
SODIUM CHLORIDE	2.5mEq/ml, 20ML	VIAL	EURO-MED	75.00
TERBUTALINE SULFATE	500MCG/ML	AMPULE	BRICALIN	160.00



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TETANUS TOXOID	40IU/0.5ML	AMPULE	BIO-TT	88.00
TRAMADOL HYDROCHORIDE	50MG/ML, 2ML	AMPULE	AMBIDOL	57.00
TRANEXAMIC ACID	500MG	TABLET	TARNEX	19.69
TRIMETAZIDINE	35MG	TABLET	GOZEDINE	18.00
VITAMIN B COMPLEX AMP	100MG/100MG/1MG	AMPULE	NEUROBE	12.00

MEDICAL SUPPLIES

ARM SLING (PEDIA)		57.00
ARM SLING (ADULT)		57.00
BLOOD TRANSFUSION SET		85.00
ELASTIC BANDAGE 2X5	ROSEMED	25.00
ELASTIC BANDAGE 4X5	ROSEMED	38.00
ELASTIC BANDAGE 6X5	ROSEMED	50.00
EXAMINATION GLOVES, MEDIUM	ROSEMED	12.00
EXAMINATION GLOVES, LARGE	ROSEMED	12.00
FOLEY CATHETER F14	BARDIA	112.50
FOLEY CATHETER F16	BARDIA	113.00
HEPLOCK (NEEDLELESS)	BD	86.00
I.V CANNULA G.18	TROGE-GERMANY	88.00
I.V CANNULA G.20	TROGE-GERMANY	81.00
I.V CANNULA G.22	TROGE-GERMANY	88.00
I.V CANNULA G.24	TROGE-GERMANY	88.00
I.V CANNULA G.26	TROGE-GERMANY	88.00
INSULIN SYRINGE WITH NEEDLE 1CC	TERUMO	10.00
DISPOSABLE SYRINGE W/ NEEDLE 10ML	TERUMO	15.00
DISPOSABLE SYRINGE W/ NEEDLE 5ML	TERUMO	8.00
DISPOSABLE SYRINGE W/ NEEDLE 3ML	TERUMO	7.50
DISPOSABLE SYRINGE W NEEDLE 1ML	TERUMO	12.00
LUBRICATING JELLY		17.00
MACROSET	ORMED	28.00
MICROSET	ORMED	29.00
NEBULIZING KIT (PEDIA)		58.00
NEBULIZING KIT (ADULT)		58.00
O2 CANNULA (ADULT)	INDOPLAS	88.00
O2 CANNULA (PEDIA)	INDOPLAS/SURGITECH	32.00
STERILE GAUZE PAD 4X4		32.00
PROLENE HERNIAL MESH, OPTILENE MESH 7.5X15CM	BBRAUN	1711.00
RECTAL THERMOMETER		88.00
SKIN STAPLER, 35 STAPLE WIRE	VISISTAT	780.00



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STERILEGLOVE S.6.5	ULMA FORTIS	38.00
STERILE GLOVES S.7	ULMA FORTIS	38.00
STERILE GLOVES S.7.5	ULMA FORTIS	38.00
SILK 0		196.00
SILK 2-0		226.00
SILK 3-0		226.00
SILK 4-0		333.00
NYLON 4-0		230.00
VICRYL 0		410.00
VICRYL 2-0		410.00
VICRYL 3-0		391.00
VICRYL 4-0		410.00
PROLENE 3-0		396.00
PROLENE 2-0		170.00
URINE BAG		30.00
VOLUMETRIC SET	ORMED	163.00

Approved by:

JIJI LUCIL FELICITAS D. VERZOSA, MD, MPM, CHA
Chief of Hospital I