



EVER RADIOLOGY
Better Imaging. Better Care.

ULTRASOUND IMAGING

WE ACCEPT ALL REQUISITIONS
Main Office: 302-4730 Gateway Boulevard NW
Ph: 825.827.2008 Fax: 825.827.2007

Patient Demographics

Name _____ AB Health # _____
DOB YYYY/MM/DD _____ Gender _____
Address _____
City _____ Cell Phone _____
Postal _____ Home Phone _____
WCB _____ WCB # _____

Referring Physician

Physician _____
Clinic _____
Phone _____
Prac ID _____
STAT Fax Report _____
STAT Verbal Report # _____
Copy to Dr _____

Date of Requisition _____
Address _____
Fax _____

Fax Copy to Dr _____

Clinical History

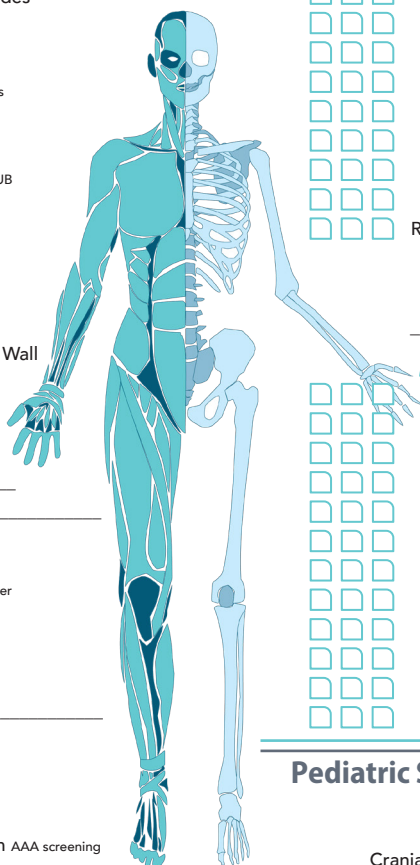
Ever Radiology Smart Codes: A Better Way

For faster appointment times book and submit with our Smart Code system. Combine code with R, L or B to indicate right, left or bilateral. Use comma for multiple codes.

SMART CODE(S) _____

I.E. for Right Shoulder MSK enter M1R

- Smart Code** **General**
HEAD AND NECK
G1 ☐ Thyroid
G2 ☐ Salivary Glands / Lymph Nodes
ABDOMEN & PELVIS
G3 ☐ Routine Abdomen
G4 ☐ Liver Elastography Liver fibrosis
G5 ☐ HCC Screening Every 6 months
G6 ☐ Abdomen and Pelvis
G7 ☐ Kidney / Ureter / Bladder KUB
G8 ☐ Female Pelvis Kidneys included
G9 ☐ Male Pelvis Kidneys included
G10 ☐ Prostate Transabdominal
G11 ☐ Prostate Transrectal
G12 ☐ Scrotum
G13 ☐ Groin / Hernia / Abdominal Wall
G14 ☐ Bowel IBD Screening
G15 ☐ RLQ Compression Appendix
SMALL PARTS
G16 ☐ Soft Tissue Mass _____
G17 ☐ Others _____



- MSK**
UPPER EXTREMITIES
Shoulder ☐ M1
Elbow ☐ M2
Distal Biceps ☐ M3
Epicondylitis ☐ M4
Wrist ☐ M5
Carpal Tunnel ☐ M6
Hand ☐ M7
Finger / Digit ☐ M8
Trigger Finger ☐ M9
Rheumatoid Surveillance ☐ M10
BODY
Lump / Mass / Other ☐ M11
LOWER EXTREMITIES
Hip ☐ M12
Hamstring ☐ M13
Trochanter ☐ M14
Gluteal Pain ☐ M15
Knee ☐ M16
Bakers Cyst ☐ M17
Ankle ☐ M18
Achilles Tendon ☐ M19
Foot ☐ M20
Toes ☐ M21
Plantar Fascia ☐ M22
Morton's Neuroma ☐ M23

Pediatric Special Exams

- AGE (0-5 YEARS)**
Pyloric Stenosis ☐ P1
Cranial if anterior fontanelle is open ☐ P2
Spine under 12 weeks ☐ P3
Hips Dysplasia, effusion, etc. ☐ P4
Other _____ ☐ P5

Bone Mineral Densitometry

Bone Mineral Densitometry ☐ MD1
Vertebral Fracture Assessment done per OSC guidelines

X-Ray

Specify _____ ☐ X1

Women's Health

- Smart Code** **BREAST**
W1 ☐ Screening Mammography & U/S ☐ ☐ ☐
U/S included based on breast density & risk factors
W2 ☐ Screening Mammography ☐ ☐ ☐
W3 ☐ Diagnostic Mammography ☐ ☐ ☐
Breast u/s included based on symptoms
W4 ☐ Diagnostic Breast/Axilla U/S ☐ ☐ ☐
Includes male breast for gynecomastia
BREAST INTERVENTION
W5 ☐ Core Breast Biopsy ☐ ☐ ☐
Ultrasound guided
W6 ☐ Breast Cyst ☐ ☐ ☐
Fine Needle Aspiration (FNA)
W7 ☐ Stereotactic Breast Biopsy ☐ ☐ ☐
Mammography guided

Right Left
ADVANCED GYNECOLOGIC
W8 ☐ Augmented Pelvic Ultrasound ☐ ☐ ☐
Includes APU Endometriosis scoring
W9 ☐ Antral Follicle Count
W10 ☐ Saline Infused Sonohysterogram (SIS)
Evaluation of uterine cavity and endometrium: intrauterine adhesions, endometrial polyps, submucosal fibroids & etc.
W11 ☐ HyCoSy
Evaluation & flushing of fallopian tubes/endometriosis related infertility treatment
W12 ☐ Lipiodol Injection ☐ ☐ ☐
NEW For endometriosis and unexplained infertility

Obstetrics

LMP: _____

- W13 ☐ Complete Obstetrical Series Early, NT & Detailed
W14 ☐ Early Obstetric Dating & Viability <12 weeks
W15 ☐ Nuchal Translucency Screening 11w3d to 14w0d
W16 ☐ Detailed Fetal Anatomy > 18 wks
W17 ☐ 3rd Trimester Obstetric > 28 wks Includes BPP
W18 ☐ Fetal Well-Being
W19 ☐ Cervical Length & Placenta
W20 ☐ Fetal Position
W21 ☐ Umbilical Artery Doppler
W22 ☐ Growth Follow Up
W23 ☐ High Risk Pregnancy Surveillance
Maternal diabetes; IUGR or Growth Discordance; Oligohydramnios, other
W24 ☐ Multiple Pregnancy Twin ☐ Triplet ☐ Other ☐

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Weekday, Evening & Weekend Appointments Available

Please have health card and identification ready

Exam Preparation

PELVIS/KUB/OBSTETRIC/GYNE SPECIAL EXAM:

Eat regularly, AND Drink 500 ml (2 cups) of water 1 hour prior to the exam.
Do **not** empty bladder before the exam.

ABDOMEN/ELASTOGRAPHY/RENAL ARTERY DOPPLER:

Do **not** eat or drink 6 hours prior to exam.

ABDOMEN AND PELVIS EXAM:

Do **not** eat but drink 500 ml (2 cups) of water 1 hour before the exam.

Patient Portal

Book
Appointment

INSTANT
Reports

Easy to Use



→ bookings.ever-radiology.ca

Services

ULTRASOUND

Abdomen
Elastography
Pelvis
SIS
Scrotal & Groin
KUB / Renal
Thyroid
Breast

OBSTETRICAL

Dating
Nuchal Translucency
Anatomy
Biophysical Profile

MUSCULOSKELETAL (MSK)

Shoulder
Elbow
Wrist & Hand
Hip
Knee
Ankle & Foot

VASCULAR

Arterial Doppler with ABI
Venous Studies (Arms & Legs)
Carotid Studies
Renal Artery Studies

U/S-GUIDED INJECTIONS

Carpal Tunnel Injections
Baker's Cyst Injections
Ganglion Cyst Injections
Morton Neuroma Injections
Peripheral Joint Injections (All Joints)
→ Shoulder, Hip, Knee, Elbow, Ankle, Wrist
Full Spine Facet Injections
Caudal Epidural
Trigger Point Injections

X-RAY

BONE MINERAL DENSITOMETRY

Edmonton Area Locations



Main Office

Ever Square Radiology
302-4730 Gateway Boulevard NW
Edmonton, AB T6H 4P1

NOW OPEN

Ever Radiology at Windermere
105-6055 Andrews Way SW
Edmonton, AB T6W 3S9

Opening Fall of 2026

Ever Radiology at Mattson
6507 25 Avenue SW
Edmonton, AB

Opening Spring of 2027

Ever Radiology at Baseline
NWC of Baseline Road &
Broadmoor Boulevard