



**EVER RADIOLOGY**  
Better Imaging. Better Care.

## IMAGE GUIDED THERAPY

Advanced Imaging. Better Relief. Beyond Steroids.

**WE ACCEPT ALL REQUISITIONS**

Main Office: 302-4726 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 \_\_\_\_\_

| Smart Code | Medical History                                                          |
|------------|--------------------------------------------------------------------------|
|            | <b>ALLERGIES</b>                                                         |
| HX1        | <input type="checkbox"/> Contrast Dye                                    |
| HX2        | <input type="checkbox"/> Lidocaine                                       |
| HX3        | <input type="checkbox"/> Steroid Flush                                   |
| HX4        | <input type="checkbox"/> Other _____                                     |
|            | <b>MEDICATIONS</b>                                                       |
| HX5        | <input type="checkbox"/> Anticoagulation Plavix, Coumadin, Heparin, etc. |
| HX6        | <input type="checkbox"/> Other _____                                     |
|            | <b>STATUS</b>                                                            |
| HX7        | <input type="checkbox"/> Diabetes                                        |
| HX8        | <input type="checkbox"/> Pregnant/Breast Feeding LMP _____               |

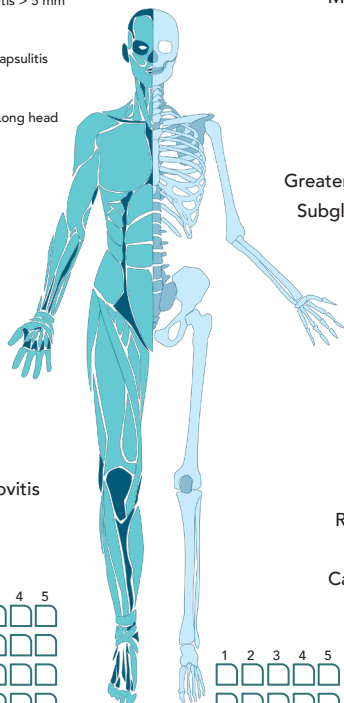
### Clinical History

**Ever Radiology Smart Codes: A Better Way**  
Smart Code system. Combine code with R, B or L to indicate right, left or bilateral. Use comma for multiple codes.

#### SMART CODE(S)

I.E. for Right Knee Joint Injection enter L10R

| Smart Code | R                        | B                        | L                        | SHOULDER                             |
|------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| U1         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder Not specified               |
| U2         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subacromial Subdeltoid Bursa         |
| U3         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Barbotage Calcific tendonitis > 5 mm |
| U4         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Glenohumeral Joint                   |
| U5         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrodilatation Adhesive capsulitis  |
| U6         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acromioclavicular Joint              |
| U7         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biceps Tendon Sheath Long head       |
| U8         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sternoclavicular Joint               |
|            |                          |                          |                          | <b>ELBOW</b>                         |
| U9         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Elbow Joint                          |
| U10        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lateral Epicondylitis                |
| U11        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medial Epicondylitis                 |
| U12        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Olecranon Bursa                      |
| U13        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ulnar Nerve Cubital tunnel           |
|            |                          |                          |                          | <b>WRIST</b>                         |
| U14        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radiocarpal Joint                    |
| U15        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ulnocarpal Joint TFCC                |
| U16        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Carpal Tunnel                        |
| U17        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | De Quervain's Tenosynovitis          |
| U18        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Distal Radioulnar Joint              |
| U19        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | STT / Triscaphe Joint                |
|            |                          |                          |                          | <b>HAND</b>                          |
| U20        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CMC 1 2 3 4 5                        |
| U21        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MCP                                  |
| U22        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PIP                                  |
| U23        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DIP                                  |
| U24        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trigger Finger                       |



|                            | R                        | B                        | L                        | Smart Code   |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------|
| <b>PELVIS</b>              |                          |                          |                          |              |
| Piriformis Syndrome        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L1           |
| Symphysis Pubis            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L2           |
| Meralgia Paresthetica      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L3           |
| Ischial Bursa              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L4           |
| Pudendal Nerve             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L5           |
|                            |                          |                          |                          | <b>HIP</b>   |
| Hip Joint                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L6           |
| Iliopsoas Bursa            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L7           |
| Greater Trochanteric Bursa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L8           |
| Subgluteus Medius Bursa    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L9           |
|                            |                          |                          |                          | <b>KNEE</b>  |
| Knee Joint                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L10          |
| Baker's Cyst               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L11          |
| Pes Anserine Bursa         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L12          |
| IT Band Distal             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L13          |
|                            |                          |                          |                          | <b>ANKLE</b> |
| Tibiotalar Joint           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L14          |
| Subtalar Joint             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L15          |
| Achilles Tendon            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L16          |
| Retrocalcaneal Bursa       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L17          |
| Talonavicular Joint        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L18          |
| Calcaneocuboid Joint       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L19          |
| Plantar Fascitis           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L20          |
|                            |                          |                          |                          | <b>FOOT</b>  |
| Morton's Neuroma           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L21          |
| TMT                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L22          |
| MTP                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L23          |
| PIP                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L24          |
| DIP                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L25          |

| Smart Code | Therapy Options                                                  |
|------------|------------------------------------------------------------------|
|            | <b>INJECTABLE WILL BE CORTICOSTEROID, UNLESS SPECIFIED BELOW</b> |
| T1         | <input type="checkbox"/> Hyaluronic Acid                         |
| T2         | <input type="checkbox"/> Synolis                                 |
| T3         | <input type="checkbox"/> Monovisc                                |
| T4         | <input type="checkbox"/> Cingal                                  |
| T5         | <input type="checkbox"/> Durothane                               |
| T6         | <input type="checkbox"/> Synvisc                                 |
| T7         | <input type="checkbox"/> Sport Vis                               |
| T8         | <input type="checkbox"/> Other _____                             |
| T10        | <input type="checkbox"/> Prolotherapy                            |
| T11        | <input type="checkbox"/> Platelet Rich Plasma                    |
| T12        | <input type="checkbox"/> Branch Block Testing BBT                |
| T13        | <input type="checkbox"/> Medial Branch Block MB                  |
| T14        | <input type="checkbox"/> Genicular Nerve Block GNB               |
| T15        | <input type="checkbox"/> Radiofrequency Neurotomy RFN            |

| Smart Code | R                        | B                        | L                        | HEAD                          |
|------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| H1         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TMJ                           |
| H2         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Greater Occipital Nerve Block |

| MECHANICAL/FOCAL PAIN |                          |                          |                          | RADICULAR PAIN        |                         |                          |     |
|-----------------------|--------------------------|--------------------------|--------------------------|-----------------------|-------------------------|--------------------------|-----|
| F1                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facet Injection       | Interlaminar Epidural   | <input type="checkbox"/> | R1  |
| F2                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BBT                   | Caudal Epidural         | <input type="checkbox"/> | R2  |
| F3                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RFN                   | Therapeutic Nerve       | <input type="checkbox"/> | R3  |
|                       |                          |                          |                          |                       | Root Block              |                          |     |
|                       |                          |                          |                          | <b>CERVICAL SPINE</b> |                         |                          |     |
| F4                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C 2/3                 | C 2                     | <input type="checkbox"/> | R4  |
| F5                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C 3/4                 | C 3                     | <input type="checkbox"/> | R5  |
| F6                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C 4/5                 | C 4                     | <input type="checkbox"/> | R6  |
| F7                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C 5/6                 | C 5                     | <input type="checkbox"/> | R7  |
| F8                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C 6/7                 | C 6                     | <input type="checkbox"/> | R8  |
| F9                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C 7/T1                | C 7                     | <input type="checkbox"/> | R9  |
|                       |                          |                          |                          | <b>THORACIC SPINE</b> |                         |                          |     |
| F10                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | SPECIFY LEVEL           |                          |     |
|                       |                          |                          |                          | <b>LUMBAR SPINE</b>   |                         |                          |     |
| F11                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L 1/2                 | L 1                     | <input type="checkbox"/> | R10 |
| F12                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L 2/3                 | L 2                     | <input type="checkbox"/> | R11 |
| F13                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L 3/4                 | L 3                     | <input type="checkbox"/> | R12 |
| F14                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L 4/5                 | L 4                     | <input type="checkbox"/> | R13 |
| F15                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | L 5/S1                | L 5                     | <input type="checkbox"/> | R14 |
|                       |                          |                          |                          | <b>SACRUM/COCCYX</b>  |                         |                          |     |
| F16                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | Sacral Transverse Joint |                          |     |
| F17                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | SI Joint                |                          |     |
| F18                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | Ganglion Impar          |                          |     |
| F19                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                       | Synovial Cyst Rupture   |                          |     |

| Smart Code | OTHER                                               |
|------------|-----------------------------------------------------|
| N1         | <input type="checkbox"/> Ganglion Cyst              |
| N2         | <input type="checkbox"/> Peripheral Nerve Injection |
| N3         | <input type="checkbox"/> Trigger Point Injection    |

## Ever Radiology

Main Office: 302-4726 Gateway Boulevard NW  
Ph: 825.827.2008 Fax: 825.827.2007

## Better Imaging. Better Care.

Weekday, Evening & Weekend Appointments Available

Please have health card and identification ready

## Exam Preparation

### IMAGE GUIDED THERAPY PREP:

Limit non-prescription pain medications before your appointment, so you are able to assess treatment effectiveness.

Please discuss anticoagulants (Heparin, Plavix, Coumadin, etc.) when booking or include in Patient Clinical History.

For PRP, must discontinue platelet inhibiting medication one week prior to injection. (NSAIDs, ibuprofen, acediminefin, Alevee, etc.)

Continue all other medications as prescribed by your physician.

## Patient Portal

Book  
Appointment

INSTANT  
Reports

Easy to Use



→ [bookings.ever-radiology.ca](https://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  
302-4726 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