Boe, Page & Page Dental Group, PLLC

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**Important Medical Alert**

Patient’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As of October 24, 2014 the American Dental Association has advised us, that all dental professionals should take a medical history of each patient, including travel history and any signs or symptoms of a viral infection (Ebola).

Please answer the following two questions.

1. Have you traveled to: Liberia, Sierra Leone or Guinea in the last 21 days?

No Yes

If yes please let us know when you arrived into the U.S.?

Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you feeling feverish?

No Yes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Signature/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’s Signature/Date