



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN INFORMATION

**NAME:** BRYAN EDWARD BLEDSOE DO **DATE:** 08/07/2008

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED  
BY THE TEXAS MEDICAL BOARD**

**Date of Birth:** 1955

**License Number:** H4172

**Issuance Date:** 12/06/1988

**Expiration Date of Physician's Annual Registration Permit:** 08/31/2010

**Registration Status:** ACTIVE

**Registration Date:** 03/28/2003

**Disciplinary Status:** SEE PREVIOUS ORDER **Disciplinary Date:** 11/30/2007

**Licensure Status:** NONE

**Licensure Date:** NONE

**Mailing Address:**

6420 HAYES ROAD  
MIDLOTHIAN , TX 76065

**Medical School of Graduation:**

At the time of licensure, TMB verified the physician's graduation from medical school as follows:

4878 - UNIV OF NORTH TEXAS HLTH SCI CTR, FORT WORTH

**Medical School Graduation Year:** 1987

### TMB Actions and License Restrictions

The Texas Medical Board has taken the following board actions against this physician. (Also included are any formal complaints filed by TMB that are currently pending before the State Office of Administrative Hearings).

View the documents containing action taken by the Board against this individual.

[Help with viewing orders](#)

**Action Date:** 11/30/2007

**Description:** ON NOVEMBER 30, 2007, THE BOARD ISSUED AN ORDER GRANTING TERMINATION, WHICH TERMINATED DR. BLEDSOE'S 2003 AGREED ORDER.

**Action Date:** 03/28/2003

**Description:** AN ORDER WAS ENTERED BY THE BOARD 03-28-03 LIFTING THE SUSPENSION AND PLACING PHYSICIAN ON PROBATION FOR 10 YEARS UNDER CERTAIN TERMS AND CONDITIONS.

**Action Date:** 09/07/2001

**Description:** AN AGREED ORDER WAS ENTERED ON 9/7/01 SUSPENDING PHYSICIAN'S LICENSE. ACTION DUE TO INTEMPERATE USE OF ALCOHOL OR DRUGS, INABILITY TO PRACTICE MEDICINE WITH REASONABLE SKILL AND SAFETY TO PATIENTS BECAUSE EXCESSIVE USE OF DRUGS, NARCOTICS, CHEMICALS, OR ANOTHER SUBSTANCE, AND WRITING FALSE AND FICTITIOUS PRESCRIPTIONS FOR DANGEROUS DRUGS..

### Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

### Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or [verificic@tmb.state.tx.us](mailto:verificic@tmb.state.tx.us)

**Status Code:** CL **Effective Date:** 11/30/2007

**Description:** SEE PREVIOUS ORDER

**Status Code:** AC **Effective Date:** 03/28/2003

**Description:** ACTIVE

**Status Code:** RB **Effective Date:** 03/28/2003

**Description:** UNDER BOARD ORDER

**Status Code:** SB **Effective Date:** 09/07/2001

**Description:** SUSPENDED BY BOARD

**Status Code:** SBA **Effective Date:** 09/07/2001

**Description:** SUSPENDED, ACTIVE

**Status Code:** AC

**Effective Date:** 02/22/1989

**Description:** ACTIVE

**Status Code:** LI

**Effective Date:** 12/06/1988

**Description:** LICENSE ISSUED

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND  
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

**Gender:** MALE

**Primary Practice Address:**

6420 HAYES ROAD  
MIDLOTHIAN , TX 76065

**Years of Active Practice in the U.S. or Canada:**

The physician reports that he/she has actively practiced medicine in the United States or Canada for **18** year(s).

**Years of Active Practice in Texas:**

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **18** year(s).

**Specialty Board Certification**

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

**Specialty Certification:** AMERICAN OSTEO. BOARD OF EMERGENCY MEDICINE

**Date:** 1998

**Primary Specialty**

The physician reports his/her primary practice is in the area of EMERGENCY MEDICINE.

**Secondary Specialty**

The physician reports his/her secondary practice is in the area of EMERGENCY MEDICAL SERVICES.

### Name, Location and Graduation Date of All Medical Schools Attended

**Name:** UNTHSC-COM

**Location:** FORT WORTH/USA

**Graduation Date:** 05/1987

### Graduate Medical Education In The United States Or Canada

**Program Name:** TEXAS TECH

**Location:** ODESSA, TX

**Begin Date:** 07/1987

**Type:** INTERNSHIP

**End Date:** 06/1988

**Specialty:** FP

**Program Name:** SCOTT & WHITE HOSPITAL

**Location:** TEMPLE, TX

**Begin Date:** 07/1988

**Type:** RESIDENCY

**End Date:** 06/1990

**Specialty:** FP

### Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

NONE

### Patient Services

**Accessibility:** The physician reports that the patient service area **is not** accessible to persons with disabilities as defined by federal law.

**Language Translation Services:** The physician did not report whether he/she provided any language translation services for patients.

**Medicaid Participant:** The physician reports that he/she **does not** participate in the Medicaid program.

### Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

**Description:** NONE

## Criminal History

**Self-Reported Criminal Offenses:**The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

NOTE: The 78th Legislature amended Section 154.006 of the Texas Occupations Code and removed a previous ten year limitation to physician and Board reported actions in physician profiles. Board reported actions are now listed without the ten-year limitation, however, physician reported items, such as criminal history and disciplinary actions by other states may not be fully incorporated in the profile until all physicians in this database have completed a registration cycle. The physician has reported the following:

**Description:** NONE

**Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.**

## Disciplinary Actions By Other State Medical Boards

TMB routinely receives reports of actions by medical boards of other states. After review and investigation, the resulting action taken by TMB, if any, will be reported in the section above. The information here is reported by the physician.

NOTE: The 78th Legislature amended Section 154.006 of the Texas Occupations Code and removed a previous ten year limitation to physician and Board reported actions in physician profiles. Board reported actions are now listed without the ten-year limitation, however, physician reported items, such as criminal history and disciplinary actions by other states may not be fully incorporated in the profile until all physicians in this database have completed a registration cycle.

**Description:** NONE

## Awards, Honors, Publications and Academic Appointments

### Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

**Description:** EMERGENCY MEDICINE, UNIVERSITY OF NEVADA