

Thomas Campbell Bourland, DDS, MS

American Board of Oral & Maxillofacial Surgeons, American Association of Oral & Maxillofacial Surgeons,
Texas Board of Oral & Maxillofacial Surgeons

	- REQUIRI	ED FIELDS		
Date		□ Male	□ Female	
Patient Name				DOB
Pt. Phone #		Email		
Referring Dr First Referring Dr. Phone #	t Name		Last Name	
☐ Please extract (mark with ☐ Biopsy	•	al exposure are and bor	•	tooth (please <u>circle</u>)
LEASE NOTE THAT, IN MOST TREATMENT PLAN AND	RY, DECIDE ON	THE MOST A	APPROPRIAT	E ANESTHESIA AND
☐ Dental Implant #		Prefer	red System: _	
Comments				

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Thomas Campbell Bourland, DDS, MS

Dr. Bourland practices a full scope of oral and maxillofacial surgery and is adjunct teaching faculty at Baylor University Medical Center and Baylor College of Dentistry. Dr. Bourland is a board-certified oral & maxillofacial surgeon.

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