



Inside this issue:

New Dentist Committee Member Focus	4
Master Calendar	4
DDS October Highlights	6
Ethical Corner	8
Executive Director's Notes	12
State Board Did You Know?	15
Membership Minute	15
Member Benefits Group	16
Classifieds	18

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2014 and A Bite of the Apple

By David Moss, SCDA President

Serving as President of SCDA has been a fantastic honor for me personally and quite a learning experience professionally. There have been some interesting encounters with a great many people that I would not have had otherwise. It seems that we have accomplished a few things of note during the year. However, it didn't start off too smoothly in the beginning.

Back in January, just as my SCDA year was getting rolling, I made a dietary decision to eat more fruit. A trip to the local Harris Teeter netted some of the biggest Fuji apples you ever saw. I love a good apple, so I was ready to tackle this tasty treat. Open wide and take a big bite – and Pow! My right TMJ just exploded with pain. It seemed obvious to me that I had a displaced meniscus that would probably slip back into place. Unfortunately, I was proven to be wrong about that last part. Even after several therapeutic efforts my joint is still a wreck and teeth only occlude unilaterally. My Daddy used to have an expression about people that would “talk outta both sides of their mouth” and he was not being complimentary. With my new jaw troubles, I felt as if I was speaking somewhat sideways myself. This was not a great start to a year that would require lots of talking on my part. One thing is for sure, it has given me a new level of empathy for my patients that have TMJ problems.



Dr. David Moss

Jaw pain aside, this has been an active year for your SCDA. On the legislative front, a new statute has been enacted that deals with dental sedation guidelines. The Board of Dentistry sought a higher level of accountability of sedation providers and their facilities to better protect the public. An SCDA task force led by Gee Rabon worked to get this done. Sen. Ray Cleary was instrumental for getting the dentist's viewpoint appreciated by the legislature. Your SCDA legislative team made sure that the discussion of the issues was persuasive and on point.

After persistent lobbying of DHHS to get dental patients out of the emergency rooms, 2014 saw adult Medicaid dental benefits return to South Carolina. While a limited adult emergency coverage began midyear, a more comprehensive adult coverage began December 1. Even though the benefit is limited to \$750 per year, it will certainly be a great help to the dental needs of the Medicaid population. The biggest disappointment was an inability to persuade DHHS to bump the reimbursement rate on dental procedures. The SCDA will continue to monitor the avenues of funding to try to increase reimbursements to a more reasonable level.

One highlight for me was the Annual Session in Myrtle Beach. The convention committee did a great job on lining up speakers and events. Who could ever forget Dave Weber and his memorable manner of presenting a new way to encounter life's curve balls? (By the way, Dave is already booked for 2018.) This convention had a speaker and a subject for everyone's interests. In addition, the voucher program for each registered SCDA dentist was a hit with the vendors and led to big sales numbers. The called House of Delegates meeting had its moments of high drama and bloviation, but in the end, a youth movement took place with Rainey Chadwell and Joseph Brown elected as ADA delegate and alternate delegate, respectively. They both proved to be excellent representatives of the SCDA at the ADA meeting in San Antonio.

Another change that occurred this year was the availability of the SCDA Bulletin in a printed format. It took a great deal of work to reorganize everything for printing, since it must be done differently than the online version. In the absence of an SCDA Editor, Maie Brunson of the SCDA office was tasked with bringing it all together. By all accounts, the first issue in July was greeted

Continued on Page 2

Continued From Page 1

warmly and the Bulletin has improved each month. We continue to search for improved content that will make future issues even more readable.

Before I run out of space, let me mention, as was stated last month, modernizing the membership process was a huge emphasis for 2014. Thank you to the district leadership for presenting the bylaws changes that each district approved. We have already seen a push in membership and we should all look forward to the spring district meetings to invite and welcome new colleagues. Also noteworthy was the highly successful DAD Project in Rock Hill. Some initial hurdles notwithstanding, the local arrangements team, led by Bill Cranford, and SCDA staff came together to produce a virtually seamless event that served hundreds of folks in need. The contingent of MUSC dental students was really impressive. It is reassuring to me to see the future of our profession in the good hands of such fine young men and women. It also reminds me of the strong relationship that exists between MUSC and SCDA is vitally important to the good of the profession in South Carolina.

In closing, I give special thanks to the Lord above for the strength and wisdom to complete my duties. To my wife, Kristen, thank you for your counsel and encouragement to take on the task. To my friends and colleagues, you have been a cheering section for my good ideas.....and you have kindly rebuffed some of the ones that were wayward. A special thank you goes to the SCDA staff led by Phil Latham for guidance in the business of the Association. We should be very proud of the management team at the SCDA office. I may actually be a bit sad to say goodbye to the presidency, but there are so many good memories and a sense of accomplishment. Moving forward, SCDA 2015 will be in the capable hands of Gloria Pipkin and I look forward to doing my part in supporting her presidency.

Now, if I could just do something about this jaw!



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~ Thomas M. Hendley, DMD

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New Dentist Committee Member Focus

By Shelly C. Watts, DMD

Why I participate in organized dentistry?

By getting involved in organized dentistry, I have had an opportunity to meet and interact with other dentists in and around my home state. It also keeps me knowledgeable of current trends, issues and best practices in dentistry. I believe in life-long learning as a professional and personally and I see no better way to achieve this than by being a member. Also, considering the global nature of medicine today, I feel it is essentially important that dentists and their office staffs remain aware and educated of current issues regarding infectious diseases.

What have I gained from organized dentistry?

I have been kept abreast of current trends in drug protocols, dental practice management, politics and economics of dentistry. It is good to know that other dentists have many of the same concerns and issues and that there is a central place that we dentists can come together and share and discuss issues and educate each other for the betterment of the profession.

About Shelly Catlett Watts, DMD

Dr. Watts is a graduate of the Medical University of South Carolina College of Dental Medicine (2013). She is a member of the American Dental Association, Vice President of the Edisto Dental Society, and a member of the Academy of General Dentists. As a member of the South Carolina Dental Association, Dr. Watts is serving on the New Dentist Committee. She is working in her hometown as a General Dentist. She is married to her high school sweetheart, Stephen, and they have one furry, four legged 'son', Riggs.



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Master Calendar

December 4	Local Infiltration Anesthesia	Charleston, SC	
December 5	House of Delegates	Columbia, SC	8:30 AM
January 16	Radiation Safety Exam	Midlands Tech	9:30 AM
February 13	Risk Management Seminar	MUSC	
March 6	Central District Spring Meeting	Columbia Conference Center	8:00 AM



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South Carolina Donated Dental Services (DDS)

October 2014



Dr. Vanessa Vargas of Lake Wylie,
DDS volunteer since 2013, with
DDS patient John

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Overview: In 2012, the South Carolina Dental Association partnered with Dental Lifeline Network • South Carolina to develop a Donated Dental Services (DDS) program to help South Carolina residents with disabilities or who are elderly or medically fragile and have no other access to dental care. The South Carolina DDS program is similar to 41 other state programs developed by Dental Lifeline Network that will collectively generate \$25.8 million in donated services by June 2015.

Already DDS volunteer dentists and labs have donated \$516,918 of comprehensive treatment for 135 vulnerable people in South Carolina!

DDS Program: Fiscal Year Comparison		
	7/1/14-9/30/14	7/1/13-9/30-13
Donated Treatment Value	\$63,504	\$44,640
Donated Lab Value	\$7,624	\$3,299
Patients Treated	21	18
Average Value of Treatment	\$3,024	\$2,480
Participating Dentists	99	73
Participating Labs	26	19
Active Patients	42	35
Pending Applications	222	125

The DDS program transforms the lives of the patients we serve, like **47-year-old Keith from Charleston**. Keith suffers from end-stage renal disease and undergoes dialysis three times each week. His health took a dramatic turn for the worse in 2008 when his uncontrolled hypertension caused kidney failure. He also had one kidney removed due to cancer. In addition to his health problems, Keith was missing several teeth, and those that remained were broken and caused constant pain. Unfortunately, Keith could not afford the dental care he needed and had not been to a dentist in more than five years. Thankfully, the dialysis center referred Keith to the DDS program, and two generous volunteers came to his aid: A general dentist extracted nine teeth and donated full upper and lower dentures, and a volunteer lab fabricated the dentures at no charge. **Thanks to this kind team, Keith received \$7,137 in free care!** He expressed his genuine appreciation:

*"I would like to thank you for your kindness and thoughtfulness toward me.
You gave me a smile and I thank you from the bottom of my heart."*

The Future of South Carolina DDS: The program has grown dramatically this past year, yet we can do so much more! Today, 222 qualified and pre-screened applicants are waiting for care, but there are not enough volunteer dentists to help them. **YOU can make a difference:** Promote DDS to your colleagues, and consider donating your own time and services too. It's easy and convenient to be a DDS volunteer—**visit www.DentalLifeline.org today!**



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What Are the Ethical Issues to Consider in the Design of My Web Site?

By Rod D. Wentworth, DDS, member of the Council on Ethics, Bylaws and Judicial Affairs

Q: I am interested in hiring a company to increase my Internet presence and redesign my Web site to bring in more patients. How does our Code deal with my presence on the Web?

A: Use of the Internet can be thought of as a cross between a vehicle for marketing and the front door to your practice. In many respects, it is a virtual cyberspace likeness of your office. Opening your home page is like welcoming a patient into your office. What makes your Web office unique is that, in addition to being a virtual signboard for your practice, it is a medium for recruiting patients. In addition, it may include content to educate current and prospective patients about what they may expect from you or about their oral health in general.

The guidelines in the ADA Principles of Ethics and Code of Professional Conduct (ADA Code)¹ that apply to your physical building and office signage, professional announcement or announcement of credentials and representation of care apply to your Web site as well. Most of these principles are found in Section 5, Principle of Veracity ("truthfulness"). Section 5.F specifically cautions that we are not to "advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect."

Let us start with how your name appears on the Web site. Just as with the sign on your office door, you are limited to displaying the earned degrees that apply to your profession, which may include advanced academic degrees in health service areas. This is addressed in Section 5.F.3, Unearned, Non-health Degrees. It states that "[a] dentist may use the title Doctor or Dentist, DDS, DMD or any additional earned, advanced academic degrees in health service areas in an announcement to the public."

Pursuant to Section 5.F.3 of the ADA Code, Web site uses of non-health degrees and unearned degrees should be handled in the same manner as are the physical forms of announcement:

The announcement of an unearned academic degree may be misleading because of the likelihood that it will indicate to the public the attainment of specialty or diplomate status. For purposes of this advisory opinion, an unearned academic degree is one which is awarded by an educational institution not accredited by a generally recognized accrediting body or is an honorary degree. The use of a non-health degree in an announcement to the public may be a representation which is misleading because the public is likely to assume that any degree announced is related to the qualifications of the dentist as a practitioner.

The same holds true for use of honorary fellowships. Section 5.F.3 states that

[s]ome organizations grant dentists fellowship status as a token of membership in the organization or some other form of voluntary association. The use of such fellowships in advertising to the general public may be misleading because of the likelihood that it will indicate to the public attainment of education or skill in the field of dentistry. Generally, unearned or non-health degrees and fellowships that designate association, rather than attainment, should be limited to scientific papers and curriculum vitae.

It is interesting to note that the American College of Dentists (ACD) specifically addresses the use of its fellowship titles or initials on the Web in the organization's Code of Conduct²:

The [F.A.C.D.] title shall not be used in the direct solicitation of patients or for strictly commercial purposes. Use of Fellow, American College of Dentists or Fellow of the American College of Dentists on the Internet is permitted only in a biographical summary on a dentist's own Web site. If the title is used, it must appear on a page within the Web site that is strictly informational and not commercial in nature.

According to ACDNews,³ "Consistent with the ADA Principles of Ethics and Code of Professional Conduct, the College does not want patients or others to confuse the abbreviation with an earned, academic degree. The abbreviation could be misleading to the public."

The Internet also is unique as a marketing tool in that, in addition to the name of your practice, you will have a domain name or Web address that directs patients to your specific Web site. The ADA Code helps guide your choice of domain name in Section 5.E, Professional Announcement, which states that :

[i]n order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.

This would preclude claims of superiority (Advisory Opinion 5.F.2c) or implications of advanced training or specialty status where none exists (Section 5.I and associated Advisory Opinions). Examples



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Continued From Page 8

of questionable Web addresses are "BestOrthodontistInTown.com" and "SuperiorDentistry.com". Whereas a periodontist could ethically use the descriptive address "AdvancedPerio.com", the use of "AdvancedDentistry.com" by a general dentist could be perceived incorrectly by the public as referring to a specialty practice and therefore is inappropriate.

It is likely that the person or company helping with your redesign develops sites and marketing techniques for many types of businesses. Many customers may be trades or independent service contractors who do not have a set of ethical guidelines that professions such as dentistry have.

One of the online marketing services that you may be offered is search engine optimization (SEO). This is a means to ensure that your site appears near the top of the search results list when an Internet user performs a specific search or query. To accomplish this, the Web design consultant may ask you to use specific wording and phrases on your site. For example, if you offer cosmetic dental services, the designer may suggest that you advertise yourself as a "cosmetic specialist" so that the link to your Web site is found quickly by the various search engines and pops up higher on the search results list of a potential patient looking for a dentist who specializes in cosmetic dentistry. It would be up to you to inform the designer that the ADA Code does not recognize cosmetic care as a dental specialty and require that he or she not use language that implies specialty status in the description of services provided. You also may need to update your SEO on an ongoing basis as other sites compete to move up the list.

Be aware, too, that the ADA Code may affect how you pay the Web designer for ongoing services. For example, rather than charging a monthly fee, some designers may ask that you pay on a "pay-per-click" basis (that is, only when a patient calls for an appointment after inquiring through your site). This could, in effect, constitute a rebate or split fee and is prohibited under the ADA Code, in Section 4.E, Rebates and Split Fees.

You also need to consider from where and how you obtain the content (for example, text, video, images) for your Web site. Is it original? Is it legally in the public domain? Do you need to obtain permission to use certain material? In particular, if you use your patients as treatment examples, you must protect their confidentiality (ADA Code, Section 1.B.2) and consult privacy laws regarding the requirements for obtaining their permission. In all instances, you should consult with an attorney who is familiar with the Internet and technology laws.

The Internet is the first place many patients go when they are looking for a dentist, either because of referral from a friend or family member or on their own. Your Web presence is a reflection not only of your practice, but also of our profession. As stated in the introduction to the ADA Code, "Members of the ADA voluntarily agree to abide by the ADA Code as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct."

These high ethical standards apply to dentistry in the virtual world just as they do in the real world. It is up to you, the practitioner, to review the content of your Web site and make sure it meets the standards of our Code. Each of us should be fully aware of all the ethical principles and state laws that apply when marketing our practices. In this way, we will be prepared to direct the ethical development of our Web presence and educate those in the Web design industry about the unique ethical requirements of our profession.

This article was originally printed in the Journal of the American Dental Association in March 2010 and is being reprinted by permission. The author, Rod D. Wentworth, DDS, was a member of the Council on Ethics, Bylaws and Judicial Affairs. The article expresses his opinion and does not necessarily represent that of the ADA or SCDA. Please go to ada.org for more information.

For additional information click [here](#).

SCDA House of Delegates

December 5, 2014

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Executive Director's Notes

The following information was written by the SC Department of Health and Environmental Control (DHEC) and has been posted to their website.



Mr. Phil Latham

DHEC Ebola Virus Disease Guidance for Dental Professionals

What is Ebola?

Ebola virus disease (also known as Ebola Hemorrhagic Fever) is an illness caused by one of several Ebola Virus strains. Ebola virus disease can be a severe illness with reported mortality rates ranging from 25 to 90 percent depending on the strain and available supportive care.

How is the Ebola virus spread?

The Ebola virus is spread through direct contact to mucous membranes or broken skin with blood or body fluids (vomitus, stool, semen, breast milk, saliva, tears, and sweat) of a person who is sick with Ebola. It can also be transmitted by contact with objects (like needles and syringes) that have been contaminated with the virus and not properly disinfected. Ebola is not spread through the air, by water or by commonly available food products in the U.S. The virus is not transmissible during the incubation period therefore asymptomatic persons are not contagious. The average incubation period is 8 to 10 days, but symptoms may appear anywhere from 2 to 21 days after exposure to Ebola.



Ebola Virus Disease has only occurred in the U.S. in rare circumstances of disease importation and in health care workers providing care for known Ebola patients. The risk of Ebola for individuals in the general U.S. population is extremely low unless direct, unprotected contact with the blood or body fluids of a person who is sick with Ebola Virus Disease occurs. Health care workers caring for known EVD patients are among those at the highest risk of exposures resulting in infection.

Prevention of Ebola infection:

It is highly unlikely that someone with Ebola will seek dental care because the disease is rare in the U.S. However, to reduce the risk of unrecognized exposure, the Centers for Disease Control and Prevention, the ADA Division of Science, and DHEC advise dental professionals as follows:

- Take a medical history, including a travel history from their patients with symptoms for which a viral infection is suspected. Any person within 21 days of returning from the West African countries Liberia, Sierra Leone and Guinea may be at risk of having contacted persons infected with Ebola and may not exhibit symptoms.
- If there is a disclosed risk, consider delaying routine dental care for the patient until 21 days have elapsed from the time of their departure from the affected region.
- Palliative care for serious oral health conditions, dental infections and pain can be provided if necessary, after consulting with the patient's physician and conforming to standard infection control precautions, including PPE for droplet precautions and physical barriers.

All health care providers should have access to and be trained to appropriately use PPE that is indicated for their work setting. High-level personal protective equipment (PPE) is recommended for health care workers in facilities with known or suspected EVD patients.

Health care workers in ambulatory care settings, including dental professionals, are at low risk for exposure to Ebola. High-level PPE is not currently recommended in ambulatory care settings unless ongoing care will be provided for someone suspected to have Ebola. The recommended PPE for potential low-risk exposures includes a minimum of waterproof disposable gloves, face mask, and eye protection such as face shield (preferred) or goggles to avoid contact with body fluids.

Continued on Page 13

Continued From Page 12

Ebola Screening in Dental Practices

The initial symptoms of Ebola are non-specific and can mimic other common infections. The most common signs and symptoms of Ebola infection are:

- fever (greater than 38.0°C or 100.4°F)
- severe headache
- muscle pain
- vomiting
- diarrhea
- stomach pain or unexplained bleeding or bruising

Dental patients who report any of the above symptoms should be asked about a history of travel in the last 21 days to Guinea, Liberia or Sierra Leone. Symptomatic individuals without a relevant travel history should be managed with routine medical procedures. Special precautions for Ebola are not indicated.

Patients with symptoms and a history of travel to an affected region in the last 21 days are considered as having some risk for Ebola exposure and require additional medical evaluation to determine possible causes for their illness. Dental professionals and staff in contact with the patient should:

- Immediately protect themselves by using standard precautions with physical barriers (gowns, masks, face protection, and gloves)
- Ensure that the patient is isolated away from other patients in the office and minimize the number of staff interacting with the patient.
- immediately contact the regional DHEC Epidemiology office for assistance with decisions about additional Ebola risk assessment.

Additional information can be found at www.sdda.org



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Patient Dental Records

State Board of Dentistry Policy/Procedure

Patient Dental Records

Pursuant to S.C. Code Ann. Sections 40-15-40 and 40-15-83; Board Regulation 39-11.1-B

Policy

S.C. Code Ann. Section 40-15-40 authorizes the Board to adopt rules and regulations for its own organization and for the practice of dentistry, dental hygiene and the performance of dental technological work in this State. Board Regulation 39-11.1-B states, "Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information that will be beneficial for the future treatment of that patient."

Procedure

Patient dental records must be maintained in such a manner that a subsequent treating dentist can readily ascertain the treatment provided by the performing dentist and include, at a minimum, documentation of:

1. Personal information;
2. Concise medical history;
3. All patient office visits and other consultations obtained;
4. All prescriptions written including date, type(s) of medications, and number (quantity) prescribed;
5. All therapeutic and diagnostic procedures performed;
6. All written patient instructions and written agreements;
7. Most recent dental charting and periodontal examination, if applicable;
8. Most recent full mouth radiographic survey or panograph, or detailed written report on radiographic finding in lieu of physical radiographs, if applicable;
9. Most recent bitewing radiographs, or a detailed written report on radiographic findings in lieu of physical radiographs, if applicable;
10. All pathology or medical laboratory reports, if applicable;
11. Anesthesia records, if applicable;
12. All initial orthodontic diagnostic records, including pretreatment study models, photographs, cephalometric radiographs and cephalometric analysis, if applicable, or a detailed written report in lieu of the physical records.
13. Correspondence with consultants or specialists, if applicable.
14. Treatment plan and progress notes.

Dental records are the property of the dentist who performs the dental service; however, a patient who requests his/her records shall have access to such records. Copies of patient records and/or x-rays, or summaries thereof, must be made available to the patient and/or new dentist upon submission of a written release authorization, in a reasonable manner and upon reasonable costs associated with providing such record. This obligation exists whether or not the patient's account is paid in full.

In accordance with Section 40-15-83, dentists shall retain their patient records for at least five (5) years. These minimum recordkeeping periods begin to run from the last date of treatment. After these minimum recordkeeping periods, the records may be destroyed. If a dentist is employed by a corporation or another dentist, the corporation or employing dentist is responsible for maintaining the patient records for a period of five (5) years. The practicing dentist shall have access to these patient records during that period.

Membership Dues

By now you should have received your **2015 Membership Dues**. The first deadline is December 31, 2014. The deadline to avoid a \$100 late fee is February 13, 2015. Membership will lapse on March 13, 2015. If you have not received your 2015 invoice, please contact Maie Brunson at 803-750-2277 or brunsonm@scda.org.

If you have recently retired, please let us know so you can receive a discounted rate!

TransFirst and Long Term Care Awareness Month

By Mark Brown



Mr. Mark Brown

Free Gift for SCDA Members

So my question for you this month is when was the last time you had your payment card processing reviewed? I think now is an excellent time to do just that with 2015 rapidly approaching and now TransFirst has even sweetened the pot by offering our members who do switch between now and the end of the year a free gift. How about a free \$100 Visa gift card, \$150 statement credit or \$150 rebate towards a terminal. Click [here](#) for more details or contact TransFirst at scda@transfirst.com.



TransFirst Health Services has been the endorsed card processor of the SCDA for 12 years now.

Long Term Care Awareness Month

November is Long Term Care Awareness month and is a great time to learn more about what it is and how a Long Term Care insurance (LTCi) plan can help protect you in your retirement. As dentists most of you have a disability policy that covers yourself in the case something physically or mentally happens to you and you are no longer able to perform your duties while working, but what happens if a physical or mental disorder prevents you from being able to do your daily activities in retirement? Who will take care of you and how? Average cost for a private nursing home facility is \$73,000 a year in South Carolina and the biggest misconception is that health insurance or Medicare will help pay for a long term care situation, but the reality is they will pay very little or none depending on your situation. This could leave you with relying on family members or paying out of pocket for these services.

Most of the time a spouse that is close in age will not be able to give proper care and very few want to burden their children. This leaves only your personal assets and income and while some will have enough to pay for a few years of a long term care situation, you most likely have other plans for the estate you have worked so hard for. Will it come out of your retirement income, legacy money you have set aside for your children and grandchildren or money you have saved up to make sure your spouse can live a comfortable life once you are gone?

Contact one of our specialists at Withers Crest to see how a Long Term Care insurance plan can help protect what you have earned. To learn more about LTCi and the discounts our members can receive call our insurance specialist at 843-732-3304 or click [here](#).

Send us your story ideas!

Do you have an idea for a story? We'd love to hear it. We're always looking for topics of interest to our members.

If you have a suggestion, email Maie Brunson at brunsonm@scda.org or call 800-327-2598. Please be specific We'll let you know if and when your idea will come to fruition. Thanks for your help!



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Regions Mortgage announces its **Doctor/Dentist Loan Program** that offers 100% financing to qualified borrowers. Primary residence only. Fixed rate or adjustable rate mortgages with no monthly mortgage insurance...saving you thousands. 90% cash out refinances for existing homeowners that need to tap into their equity. Contact Dan Canham 843-540-6676.

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Dentist seeking **part time employment in the Charleston area**- permanent or temporary. Thirty years experience. Local references upon request. Contact Dr. Boyd Wright, 214-642-8225 or email boyddds1@aol.com

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Immediate Opportunity for **General or Pediatric or Endodontists!** Part-time or Full-time! In Irmo area! Send Resume to childrensdentalgroupsc@gmail.com or fax 803-781-5142

Volunteers Needed: Our Lady of Mercy's Wellness House Dental Program on Johns Island is in need of volunteer SC licensed dentists to provide emergency & basic dental. Monday-Thursday and also Tuesday evenings for the emergency clinic. Please contact John P Howard DMD or Ms. Jakki Jefferson at 843-559-4493 for more info.

General Dentist Associate needed for a multi-doctor, multi-location practice. Please submit resume' to irmosmilemakers@aol.com

Large group dental practice looking for **associate dentist** to join our expanding team in Columbia, SC. Competitive and excellent pay for qualified candidate. Experience preferred. State of the art facility. Candidates must have great work ethic, excellent skills and good chair-side manner. Interested candidates email CV to bromanoea@yahoo.com

New pediatric dental office in Fort Mill, great schools, competitive benefits. Contact 803-578-2652 for more information.

Looking for a **general dentist**, as an associate, who may be interested in purchasing a successful and profitable established practice. Proven track record and great growth potential. Dedicated and experienced staff. Contact aikendental@aol.com for more information.

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Kool Smiles is looking for FT or PT: **Oral Surgeon, Pedodontist, Orthodontist and Dental Anesthesiologist.** Locations: Anderson/Greenville/Columbia/Orangeburg/Rock Hill/Sumter/Charleston. Generous compensation and 401k plan with company match. Medical, dental and optometry coverage (FT). No practice management expenses and headaches – we take care of it! Contact Emily Platto: eplatto@ncdrllc.com or 770-508-6810

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Looking for a **dentist for temporary position** for 6 weeks. Private practice in medical park, single dentist. Contact rneast@yahoo.com for more information.

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Volunteer at the Helping Hands Emergency Dental Clinic (1813 Highmarket Street, Georgetown, SC). As a licensed SC dentist, you can help us provide tooth extractions to alleviate pain and suffering for uninsured residents living in poverty. Thursday Evenings @ 5:00 p.m.. Please contact Tracy Jones at 843-527-3424 or acct.hhands@gmail.com.

Volunteers in Medicine Clinic-Hilton Head Island needs **volunteer SC licensed dentists** to provide access to quality dental care for medically-underserved families. Our volunteers provide operative and preventive care and oral surgery, Monday-Friday. Eight-chair clinic with state-of-the-art facilities and professional staff support. Please contact Lois Schuhrke: 843-681-6612, ext 249, or lschuhrke@vimclinic.org.

Dentist Charleston part time. Smileworks is a hi-tech, growing dental practice in Mt. Pleasant seeking a dynamic, self-motivated dentist to join our fantastic team. Must be able to work Fridays, great opportunity for growth. We are a private, fee for service practice. Please forward resume to drjibson@smileworks.us.

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Temporary Dentist: Looking for a dentist for temporary position for 6 weeks. Private practice off Augusta Rd in Greenville, SC. Contact tgroce00@gmail.com or 215-432-0676 for more information.

Dentist Needed- Woodruff Rd Greenville, SC. Full time Dentist needed for an established dental clinic in the Upstate of Greenville, SC. Needed Tuesdays, Thursdays and Fridays. Permanent position. Please call 864-235-7500 for more information.

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Dental practice for sale in Columbia, SC - SC1037 Great practice in a prime location, collecting \$425k+ on 3 days a week. Huge upside potential! Please call 678-482-7305 or email info@southeasttransitions.com for details using listing ID SC1037.

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Coastal SC Oral Surgery #8926 - Waterfront Community Gross Collections - \$831K; 3 days. For more information contact Dr. Earl Douglas at 770-664-1982 or earl@adssouth.com

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- Job Bank ads can be kept confidential if so desired. If you are interested in receiving information from or submitting information to the Job Bank, please call the SCDA office.
- If you have registered with us previously and have found work or filled your position, please let us know so that we can take your name out of our files.
- Contact: SCDA Bulletin, ATTN: Maie Brunson, 120 Stonemark Lane, Columbia, SC 29210; call 800-327-2598; fax 803-750-1644; email brunsonm@scda.org.

To keep up with other goings on within the dental profession, just follow the links below:

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- This coverage can be provided only when the JUA insured dentist is not practicing. This coverage is not available for dentists who are scheduling other dentists to staff an emergency room.
- Coverage cannot be provided on a retroactive basis if the request is made late and is available only to JUA dentists.