



Inside this issue:

Loss of Taste After Procedure Leads to Lawsuit Against Dentist	2
Executive Director's Notes	6
MUSC Visits the Hill	8
Guidelines and Best Practices for Dental Unit Waterline Maintenance	10
MUSC Update	12
Classifieds	14

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President's Message

By Jim Howell, DMD, SCDA President



Five Things to Know About the 155th SCDA Annual Session August 22-24, 2024!

1. There's history here!

Fun fact: This SCDA Annual Session hasn't been in Greenville since the mid-1980's - **that's 40 years**.

Another fun fact: Dr. David Watson, SCDA Conference Committee Member for this year's event, was the General Chair of the SCDA dental meeting in the mid-1980's. We asked Doc Watson what the biggest change in dentistry has been since the last conference: "Since 1984, there have been technological advances in all facets of the dental industry - think: electronic health records versus paper charts, digital x-rays versus film x-rays, websites versus yellow page listings."

2. This event's theme is a hot topic

On that note, digital dentistry will be a major conversation at this year's event. "Bridge to the Future" is our theme, and we're proud of a dynamic exhibit hall focused on the topic.

Thank you to the many exhibitors or sponsors who are eager to support this special event including:

Diamond Sponsors: First Citizens Bank and Blue Cross & Blue Shield of SC
Gold Sponsors: Delta Dental and National Dental Healthcare REIT and other sponsors including the Dental Advocacy Group, MUSC Alumni Association, Nobel BioCare and SCDA Member Benefits Group.

3. A keynote speaker with 45,000 hours of continuing education experience

We are proud to welcome this year's Keynote Speaker, Gordon J. Christensen, DDS, MSD, PhD. Dr. Christensen is the Founder/CEO of Practical Clinical Courses (PCC), Co-Founder/CEO for Clinicians Report Foundation (CR) and a practicing prosthodontist in Provo, Utah. Dr. Christensen is an international expert on continuing education for all dental professionals who has presented over 45,000 hours of continuing ed throughout the world.

4. An agenda that addresses everything from Botox to A.I.

We have an incredible agenda for the conference including a two-part Botox Course on Day 1, Cocktails and Dinner at "Carolina Crown Club" (an exclusive speakeasy vibe perched atop the Greenville skyline The Avenue on Day 2, and sessions about relevant and much-anticipated topics such such A.I. and cybersecurity on Day 3. Check out the [full agenda](#).

5. Reserve your room before June 28 for a discount

Registration for the Annual Session will open soon, but you can make your hotel reservations now. SCDA has a group rate at the Hyatt Regency in downtown Greenville that expires on June 28. For more information about travel and the hotel, please [visit](#).

Loss of Taste After Procedure Leads to Lawsuit Against Dentist

By Marc Leffler, DDS, Esq., MedPro an SCDA Endorsed Company

Informed consent is one of the most important aspects of dental care. When performing a procedure, ensuring through verbal agreement and documentation that a patient understands all possible negative outcomes is the best way to protect yourself against claims of negligence and malpractice lawsuits. In this case study, a periodontist's informed consent documentation becomes key when she is sued over a patient's loss of taste after a procedure.

Key Concepts

- Implementing a comprehensive informed consent process
- How thorough documentation can mitigate malpractice risk
- Informed consent and preventing claims of negligence

Background Facts

T, a 21-year-old man, came to Dr. H, a periodontist, on referral from his primary dentist, due to ongoing and significant gingivitis which his dentist had been unable to get control over, despite regular prophylaxis. At one scheduled visit, T expressed episodic discomfort associated with his impacted lower left third molar, tooth #17. Dr. H examined her patient clinically and radiographically, determining that T had all of his third molars in place and impacted. She explained the condition and suggested that #17 ought to be removed, as its position and angulation would likely continue to cause pain; she also advised T that the other 3 wisdom teeth, which were in comparable anatomic positions, should be removed, so as to preemptively eliminate similar problems in the future. But T was definitive in his desire to have only the symptomatic tooth removed at that time.

Given that T was willing to undergo the extraction with local anesthesia alone, Dr. H, who had substantial experience with removing impacted teeth, with agreement from T, planned to go ahead with the procedure that day. Prior to starting, Dr. H personally conducted a thorough informed consent process, which was then memorialized by T signing a "consent form" which set forth the information that Dr. H discussed with T. In pertinent part here, the form contained language that "among the risks associated with the extraction is the alteration or loss of sensation to areas of the mouth, including the lips, chin, teeth, gums, and tongue, which is generally temporary but, in rare cases, can be permanent". After reading and signing the form, T verbally acknowledged again that he understood the risks, benefits, and alternatives, and wished to proceed. Dr. T charted, through a chart template, "RBA explained and accepted by patient; form signed and witnessed".

After delivering local anesthesia, Dr. H elevated a full thickness flap and removed alveolar bone from the buccal and distal areas, before vertically sectioning the crown and roots through the furcation, leaving a small shelf of tooth lingually, which split with the application of a small straight elevator into the trough. At that point, Dr. H noted an increased amount of bleeding from the lingual gingiva, which she was able to control with local pressure. She continued the procedure to its completion by elevating the tooth out of its socket, gently removing a few sharp bony projections with a rongeur, debriding the site, and placing a single silk suture.

At the 1-week suture removal visit, T advised Dr. H that he had a complete loss of feeling on the left side of his tongue, and that he also was unable to taste anything on that side. She reminded T of their discussions before treatment, telling him that this type of thing does happen at times. T agreed that he had been told about loss of feeling, but contended that taste loss was never discussed. Dr. H said that she wanted to continue to follow T to assess his progress for a few months, and if there were no improvement, she would refer him to an oral surgery colleague for evaluation for possible nerve repair surgery, a conversation she documented. T made it clear that he would return to Dr. H for evaluations, but he was not interested in any nerve surgery. Over the next 4 ½ months, T made regular visits to Dr. H, making the same complaints and exhibiting the same signs and symptoms. At what would be T's final visit with Dr. H, she again offered a referral for nerve evaluation, explaining to T that, if there would be any chance for surgical repair of the nerve, it should be done as quickly as possible; absent that, Dr. H told her patient (and documented) that she suspected a reasonable likelihood that the current sensory losses might be permanent.

Legal Action

Becoming increasingly unhappy over time with his persistent numb tongue and loss of taste, T's father suggested that he meet with an attorney to see whether any recourse was available. The attorney contacted obtained Dr. H's records and forwarded them to a "dental expert". That expert reviewed the records and found 2 issues of concern: (1) he did not view the consent form language, which supposedly mirrored what was verbally discussed, as being adequately descriptive so as to alert T of the potential for permanent taste loss; and (2) the sudden increase in bleeding (as recorded in the chart entry) at the time of sectioning indicated that the periodontist had inappropriately ventured into the lingual soft tissue, injuring the lingual nerve.

Litigation was begun on behalf of T, asserting lack of informed consent and negligently performed surgery. At his deposition, T testified that he was never advised, by either spoken or written words, that taste loss was a potential risk, and further stated that he would never have gone forward with the extraction if he knew that. When Dr. H was deposed, she testified that the lingual bleeding represented an increase in the amount of bleeding she had seen in that surgery up to that point, but it was not an amount of bleeding that was excessive by any means, and that at no time did she perform any surgical steps improperly; she further testified that, when she discussed the risks with T prior to the surgery, she most certainly did advise him of the close relationship between the nerve fibers which mediate taste – the chorda tympani – and the lingual nerve, which provides feeling.

Dr. H's attorney filed a motion to dismiss the case before it reached the trial calendar. Employing an expert, as well as Dr. H's deposition testimony, the attorney argued that there was no evidence of any surgical missteps, with any expert suggestion of that being only speculative, and that, despite the factual dispute between T and Dr. H as to what was said in obtaining informed consent, the plain language "alteration or loss of sensation to ... [the] tongue" should be taken literally and read liberally to mean alteration or loss of any sensation relating to the areas noted on the form to potentially be affected. T's expert countered in response that an increase in bleeding mid-surgery had to be a result of an errant cut of the nerve/blood vessel bundle that should not have been breached, and, regarding the issue of informed consent, there is a clear difference between feeling and taste.

The judge granted the motion of Dr. H's defense counsel, citing to the concept that, without a plaintiff's expert being able to point to a specific improper action during surgery, as compared with a result, negligence is speculative, and that is not a standard worthy of allowing a case to move forward. As to the feeling/taste issue, the judge reasoned that, as a lay person just like the patient, we all have 5 senses – including feeling and taste – so a risk warning that advised of alteration or loss of sensation should be viewed to include any or all of those senses. The case was dismissed.

Takeaways

The significance of a claim of lack of informed consent cannot be underestimated in the litigation context. It may be pled as a stand-alone basis for a lawsuit, or, more commonly, as an adjunct to an assertion of negligent care. Either way, it can serve as the basis for the finding of liability, even if the procedure is performed entirely properly. While the various States differ regarding the specifics of informed consent requirements, the basic universal concept is that, prior to the start of a procedure, patients are entitled to be made educated consumers, so that they know the full extent of what they are about to get into. While this "consumer education" is usually referred to as advice regarding risks, benefits, and alternatives (abbreviated RBA), that should not be taken to be so limited; whatever information a reasonable patient would reasonably want to know to inform their decision-making process is information that should be provided. Finally on this issue, while jurisdictions might vary as to whether a written, signed "consent form" is required, there is no question that litigation defense is made far easier when such a form is part of the treatment record.

In examining informed consent processes for many patients and providers, we have found it to be far from a given that taste loss will be listed on a form or made part of a verbal back-and-forth discussion whenever the potential for lingual nerve injury exists as a risk. From an anatomic standpoint, the intimate relationship between the lingual nerve and its accompanying chorda tympani cannot be overlooked. While the judge in this case took a broad approach to interpreting the informed consent process, it should not be taken for granted that every judge will take that same tack; had this judge taken a more narrow view and concluded that there was a question of fact to be left for a jury determination, the case would have been permitted to advance to trial, where the result could have been far different.

It should be noted that Dr. H's fastidious follow-up, recommendations, and charting served her quite well in the positive final resolution of this matter. Moreover, her timely advice of a potential referral, and repeating that advice despite the patient's prior refusal, was very protective, while simultaneously serving the patient's interests. It would not be going too far out on a limb to predict that, had she not offered the nerve repair referral that she did, an additional claim – that of depriving T of the opportunity to obtain a repair – would likely have become another aspect of the plaintiff's case.

Lastly, the fact that a doctor is sued does not necessarily mean that a trial will ensue, with a jury's determination of the final resolution. There are a number of events which could intercept the pathway to trial: voluntary discontinuance by the plaintiff, motions of various types by defense counsel which lead to dismissal, or a mutually agreed-upon settlement, to name just a few. Savvy defense counsel are aware of all of these approaches, and are an invaluable resource to doctors involved in litigation.

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\$890K SOUTHEASTERN, SC: GP in a free-standing building of 1,700 sq. ft. with 5 ops, 2 of which are hygiene. The practice is all digital with paper charts, but compatible to digital charting. This practice is a mixture of FFS and PPO with some Medicaid. The practice collected \$890k in 2022 while working 4 days a week. Real estate is available. Owner financing is available. **Opportunity ID: SC-01980**

\$840K MYRTLE BEACH OPPORTUNITY: GP located just minutes from the beach. The office was remodeled in 2019 and is in excellent condition. This year, the office added new equipment, including 3 dental chairs, cabinets, sterilization, lab, CBCT, and upgraded all computers. The practice has over 1,500 active patients that are mostly FFS/PPO. This practice operates on 4 days per week and collected over \$840K in 2022. The real estate is available for purchase and presents a unique opportunity for expansion. **Opportunity ID: SC-01922**

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Executive Director's Notes

By Phil Latham, SCDA Executive Director



The possibility of a data breach in the dental practice is real.

Have you recently reviewed your practice's data management security protocols? If you can't remember or can only answer "It's been a while," you are probably due to a cyber-liability risk assessment. While every dentist wants to believe that he/she has the systems and security in place to prevent the loss or theft of sensitive, confidential or otherwise protected health information (PHI), the reality is that the chance of a data breach increases as more patient records and health information are stored electronically.

Data breaches result from the theft or loss of a laptop or portable storage device. The Health Insurance Portability and Accountability Act (HIPAA) reveals that:

- 60% of all large breaches were due to theft or loss
- 32% of all large breaches involved laptops
- 22% of all large breaches resulted from loss of paper records

While no system is 100% safe, there are numerous ways to implement steps that you can take to reduce the risk of a reportable data breach. Dental practices are considered HIPAA covered entities (CE) if they transmit electronic "covered transactions," such as electronic claims, to dental plans. A dental practice may also be a covered entity if they contract with an outside service, such as a clearinghouse, to submit electronic covered transactions on behalf of the dental practice.

You may want to even consider cyber security insurance to defray costs associated with a security incident. If so, be aware that:

- Financial risk is different from cyber risk.
- Cyber liability insurance is designed to reduce the business interruption costs associated with a breach.
- Those costs can include an investigation, compliance with notification requirements, restoring data, etc.
- Cyber risk insurance is typically independent of standard liability insurance plans and requires a separate policy.

While stand-alone cyber liability policies are readily available, there is no standard policy form.

- General liability policies only cover bodily injury and property.
- Standard office liability policies may or may not cover cyber risk.
- Your professional liability carrier may be able to provide a quote on a cyber-insurance plan based on your practice's specific needs.
- If you instead opt to have an endorsement added to your general liability policy, make sure that it's sufficiently comprehensive in its coverage.

Lastly, keep in mind that your South Carolina Dental Association Member Benefits Group has several endorsed companies that can assist with a HIPAA assessment, encrypted HIPAA email and cyber liability insurance if that is a route you choose to go.

scda.org



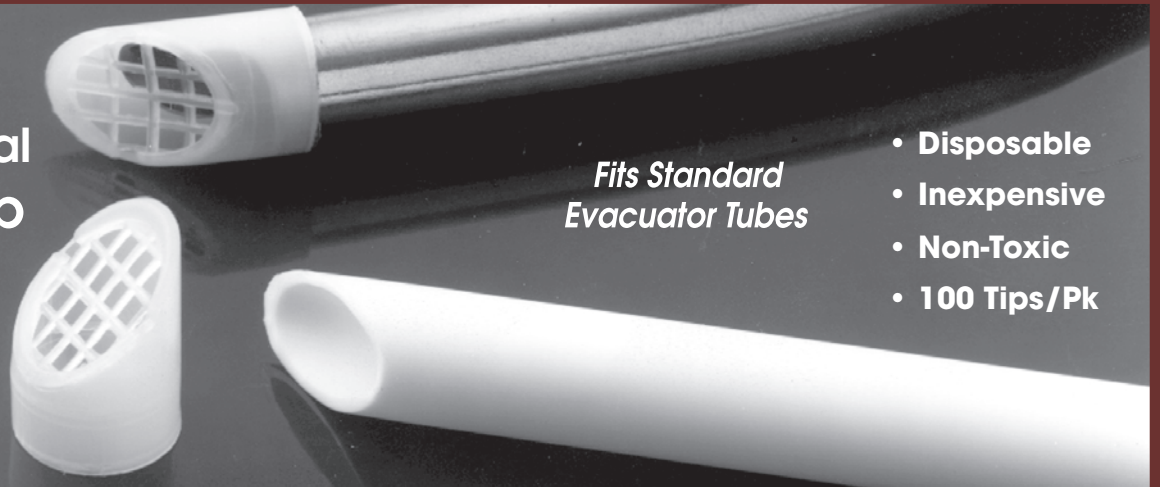
The advertisement features a background image of a dental office with a dentist and a patient. Overlaid on this is the iCoreRx logo, which consists of a green and grey sphere followed by the text "iCoreRx". Below the logo, the text reads "ePrescribe all meds faster from any device." In the foreground, there is a white pill bottle with a white cap. The label on the bottle says "iCoreConnect" and "ELECTRONIC PRESCRIPTION".

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Guidelines and Best Practices for Dental Unit Waterline Maintenance

By Total Medical Compliance, an SCDA Endorsed Company

Dental unit waterline (DUWL) maintenance and monitoring remains an area of concern for dental facilities. Agencies such as the CDC, FDA, and the ADA have issued guidance for dental offices on maintaining DUWL. It is the recommendation of these agencies that waterlines are to be treated with a disinfectant/chemical and then monitored (tested) to ensure the water quality meets the EPA safe drinking water standards of less than 500 colony forming units per milliliter of water.

Many dental settings use water from the municipal water supply through office plumbing. Dental units carry the water through the thin plastic tubing (hoses) to the air/water syringe, handpieces, and ultrasonic scalers to the patient's mouth. The inside of this tubing can become colonized with microorganisms called biofilm. These microorganisms can include bacteria, fungi, and protozoa. Biofilm can form in any water environment. The biofilm must be treated with a chemical disinfectant to be destroyed, making the water safe to deliver to patients.

There are several ways to treat biofilm. Contact the manufacturer of your dental units to find out which method(s) of treatment would work best for your dental unit. They may recommend a self-contained water system, an in-line filter, or a combination of these. Self-contained water systems are used with shock treatment, tablets, or straws with either distilled or potable water. Utilizing distilled or potable water alone in the self-contained system is not enough. The water must be treated to ensure safe drinking water standards are met. In-line filters have disinfectants in the filters to control the biofilm; thus, delivering safe water to patients.

Outbreaks of illness have occurred due to untreated DUWL, including one case in Georgia and another in California where pediatric dental patients developed Mycobacterium abscessus after treatment in pediatric dental practices. The infections required hospitalization of several children ranging in age from 4-8 years old. The infections were linked to the untreated contaminated water from dental units. Treatments varied from IV antibiotics to surgery for some of the cases.

Once you have determined the DUWL treatment that is best for your facility, the CDC recommends that you consult with the manufacturer on the frequency of monitoring (testing). However, even if the manufacturer does not recommend routine monitoring, the CDC does recommend routine monitoring. Monitoring dental unit water quality helps identify any problems in performance or adherence with maintenance protocols. It also provides documentation of compliance. Monitoring is the only way to ensure your product is working for you and that safe drinking water standards are met. OSAP recommends that testing of DUWL be done at least quarterly. ADA also recommends routine monitoring of DUWL. If the manufacturer issues no guidance for monitoring, the facility should monitor (test) on a **routine** basis. TMC recommends using the strictest standards, which is OSAP's at least quarterly recommendation.

Testing of DUWL can be performed by using commercial self-contained test kits or commercial water-testing laboratories. If your water quality doesn't meet drinking water standards, actions should take place to correct the issue. Those actions could include a shock treatment followed by treatment (straws, tablet, in-line filter) and then re-testing immediately after treatment. However, always consult with the manufacturer of the product or dental equipment for guidance.

Dental unit water that is not treated is likely to contain high numbers of microorganisms and most likely will not meet drinking water standards. Not treating DUWL is inconsistent with accepted infection control principles. Dental facilities should work with equipment manufacturers to ensure their water treatment meets or exceeds the standards set by the EPA for safe drinking water.

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Supporting South Carolina Dentists and Patients

By Dr. Sarandeep Huja, Dean, James B. Edwards College of Dental Medicine



Dear SCDA member:

There are several reasons why you might refer an adult or child patient for dental and oral health care services at MUSC.

First and foremost, MUSC is part of the **dental safety net** in South Carolina. The James B. Edwards College of Dental Medicine at MUSC spans multiple specialties recognized by the American Dental Association. Oral medicine, oral pathology, sleep medicine, and other specialized services are provided by our faculty members. For patients with complex cases or with care needs that require coordinated treatment between specialties, our aim is to provide all the expertise and care needed, under one roof. When treatment is complete, our goal is to refer the patient back to their provider.

Additionally, we can provide treatment for patients who seek an affordable alternative for dental care. Patients who do not have, or cannot otherwise afford, a dental home fit best with our predoctoral **clinical education** programs. Although the appointment length is often longer than in our faculty practice or private practice, the cost is often lower, and the quality of care supervised by our faculty is excellent. Patients must meet certain criteria to be accepted into these programs. For example, case complexity must be appropriate for the student or resident's abilities, while also helping them grow their skills and attain competencies.

As part of our commitment to serve the community, we have a walk-in dental **urgent care clinic** that provides care for anyone who is in pain, has acute inflammation or bleeding, or has an esthetic emergency.

Our new comprehensive dental care in **West Ashley** also provides access to patients who prefer to be treated in that area. This four-chair clinic is managed by a full-time MUSC faculty member who provides care, in addition to the care that is provided by students and residents.

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3. Through [MUSC CareLink](#), a secure web portal that facilitates referrals and access to your referred patients' dental records.



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Dr. Luis Mariusso
Knoxville, Tennessee

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155th SCDA Annual Session

BRIDGE TO THE FUTURE

Hyatt Regency Greenville

August 22 – 24



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Established, busy, private **pediatric** dental office looking for FT associate, with the potential for partnership. Competitive compensation/benefits package, plus a healthy work/life balance. Office is 5 minutes from the beach! Motivated individuals interested in providing children with the highest quality, patient centric, compassionate dental care, email pipd@pawleyspediatricdentist.com.

Pedodontist or a general dentist that loves treating children. Guaranteed salary with comprehensive benefits package including 401k with match and more. 2-5 years of pedo experience preferred. Digital with radiographs and EMR (Dentrix). 10 op facility. Business and clinical team to support you and help you succeed. mhuffman@westerncarolinadental.com.

High tech locally owned general practice in need of a part time **Endodontist**. Tailored schedule is available. 1 day/week. Office is located in Goose Creek. 14 miles from Downtown Charleston. Fotona Lightwalker laser on site training available. Ccd.manager@carolinacompletedental.com.

We are looking for a **Dentist** who enjoys checking hygiene. We are looking for someone who can cover 1-4 times per month on checking only hygiene. We do see children and teenagers. Please email irmokidsdental@gmail.com for more information.

Looking for a dentist to join our 20+ year established and fast-growing private practice in **Myrtle Beach, SC**. Specializing in general, restorative and cosmetic dentistry. Molar endodontic and implant experience a plus. We are 100% fee fore service practice. Send resume/CV to kristen@drrearden.com.

Unique associateship opportunity for a **general dentist** who enjoys surgery and helping those in need. We are an energetic emergency and surgery based practice that provides exodontia, implants, iv sedation, PRE, ridge augmentations, biopsies and various other dentoalveolar surgeries. Compensation is very competitive. Brandon@columbiadentalhealth.com.

FT/PT Associate Dentist Opportunity in highly visible, established, busy, advanced digital practice located near **Charleston, SC**. Must be proficient in all phases of general dentistry. 1-2 years experience or GP residency preferred but not required. Competitive pay, high growth potential w/ owner/equity possibility. Focus on Pt Patient Care and delivering excellence. Available Immediately. Please send CV to gillytooth@gmail.com

Seeking PT/FT Oral Surgeon or GP with Advanced Surgical and Implant Skill near **Charleston, SC** Brand new facility with state of the art technology and fully digital workflow. CBCT, Digital Scanner, 3D Printing. Fee for Service Practice focused on delivering high levels of surgical and implant care as well as IV sedation dentistry. gillytooth@gmail.com.

Dentist needed in **Spartanburg SC** looking for full time or part time General dentist for growing practice competitive compensation. If interested or have questions, please contact via 864-582-4441 or email Melissa at info@hillcrestfamilydentistry.com. Please submit cover letter and CV.

Greenville, SC Associate needed- FT or PT Associate Dentist opportunity for multi location practice. Must be proficient in all aspects of general dentistry. A minimum of 1-2 yrs experience or GPS preferred. Live, work and play in the fast growing upstate. bellavistadentalsc@gmail.com.

Associate Dentist- Advanced Dental Center (**Florence SC**). Part time 3-day work week, earning potential up to \$275,000 (based on experience). Health insurance, malpractice, membership & ce reimbursement and so much more. John@oakpoint.us.

FT or PT Associate Dentist needed for a well-established private practice in Market Common district in **Myrtle Beach**. We're a family practice that provides IV/oral sedation, dental implants, grafting and surgical extractions. Fully trained & highly experienced team. Income potential is excellent. Email CV to lisa@marketcommondentistry.com.

This is a **once in a lifetime opportunity** to join a quality focused, fee for service, group practice in a high growth area. Please visit brickyarddentalgroup.com/associateship to apply or to learn more about this opportunity.

Excellent opportunity and competitive compensation for new graduate or experienced dentist. We are looking for full or part time dentist to join our rapidly growing practice in the lovely **Forest Acres** community in Columbia SC. 803-738-2424 or email cdcsmiles@live.com.

Busy practice needs another **Summerville dentist!** Benefits include- health insurance, malpractice, license fees, DEA registration, vacation, etc. Motivation and initiative are high priorities. Would love to entertain a conversation. Send resume drrohrn@live.com.

Busy and growing dental practice in beautiful **Fort Mill, SC** is looking for an associate general dentist to join our expanding team. Competitive and excellent pay for qualified candidate. Experience is preferred but not mandatory. State of the art facility, computerized and paperless. For more information or please contact beth@friendlydentalgroup.com.

We're looking for a dentist to join our multi-specialty **Columbia** area. Modern office with CBCT, digital scanner, 3D printer, and implant system. Busy practice seeing a cash pay patient base. Huge income opportunity and sign-on bonus. Mentorship opportunities and defined path to ownership. 919.410.5216 or abracefield@ammons dental.com.

Come work with us and achieve greatness. We are seeking a FT dentist to join our busy general practice in **Columbia, SC**. Simply Smile is an updated practice with an energetic atmosphere. We offer great benefits, compensation, and the ability to work independently with a supportive and trained staff. Mon-Fri. new grads welcome. Send resume to simplysmile7457@gmail.com.

Orthodontist (Charleston, SC) Full time, competitive pay, 401k, health insurance, malpractice, membership & ce reimbursement, ownership and so much more! Contact Kelly Kakkuri kkakkuri@oakpoint.us.

Midlands Technical College in Columbia, SC, is looking for a **Dental Hygiene Program Director**. Program offers graduates an Associate's degree; starting 20 new students each year. Qualifications: Master's degree, Licensed Dental Hygienist, or Dentist licensed to practice in SC. Applications located online at SC.Gov, under "Find A Job."

Exciting opportunity to join a highly successful practice in **Charleston, SC!** We offer a modern office with state-of-the-art technology that includes a 3D CBCT, Implant system, Digital scanner, and more! Enjoy a full schedule, strong new patient flow, defined partnership path to ownership, mentorship opportunity with one of the top implant doctors, and a full service dental practice! cpowell@ammons dental.com.

Passionate dentist wanted to join **Columbia's** thriving West Vista Dental. Exciting Associate Dentist opening in patient-centric practice. Work with experienced professionals, enjoy clinical autonomy and growth opportunities. Contact John Petty at john@oakpoint.us to join our team and deliver exceptional oral care in a welcoming environment. john@oakpoint.us

Periodontist- Full or Part time position available, we have an excellent team. We are adding to our growing specialist office. Please forward CV. All applications will be confidential, will consider new grads. management@teethds.com.

Dental Associate full time position in **Charleston**. We are a busy general dental office. Team is well trained. We work together as a team. Same day crown technology and office is paperless. If this sounds like a fit for you, please send CV to management@teethds.com.

Endodontist needed for our speciality office. We are looking for someone that is patient focused and can provide our patients with high quality dentistry. We can offer a full time or part time position. Please send your CV to management@teethds.com, all applications will be confidential.

Looking for a solid future? Become the main dentist in this 2.9 million annual sales, state of the art office. One of our dentists who has been practicing in **Myrtle Beach** for over 40 years is cutting back as soon as you arrive. We have over 4000 patients and add over 90 new each month. Call Peter Jones with Tideland Dental at 843-650-4500 for more information.

Looking for a full-time associate dentist in our busy, private practice office in **Conway, SC**. Our office is fully equipped with an itero scanner, Glidewell milling unit, Prexion and more. Offering minimum daily base pay or 35% of production. FFS office. 401K and benefit potential. caracolemandmd@gmail.com

Myrtle Beach- Flexible opportunity for PT or FT schedule. Child friendly family practice seeking compassionate dentist to work with children and adults of all ages. Enjoy the ability to work independently with supportive staff. Mon-Fri, new grads welcome. Send resume to mendez_marlene@yahoo.com.

Fantastic opportunity for high earning potential! **Seneca Family Dentistry** is seeking a part-time or full-time Associate Dentist. We are a privately owned general dentistry practice located steps from Lake Keowee and 10 min to Clemson! Established office with exponential growth! Beautiful facility with state-of-the-art equipment, wonderful patient base and great support staff! Contact: Dmdword@gmail.com or 864-423-9190

Dentist needed in **Spartanburg SC** looking for FT or PT General Dentist for growing practice, competitive compensation. If interested or have questions, please contact with cover letter and CV 864-582-4441 or info@hillcrestfamilydentistry.com.

FT or PT Associate Dentist with GPR or prior experience to join FFS practice in **Myrtle Beach**. Dr is a MAGD that is looking to mentor someone with a pathway to partnership. Premier facility with state-of-the-art technology. Customer service focused practice with tremendous staff. Learn more at smiles-sc.com, email CV and cover letter to drmaser2@yahoo.com.

Prisma Health Dentistry welcomes applications from exceptional candidates to serve in a full-time, **clinical track faculty role**. This position will provide multidisciplinary comprehensive oral health and urgent care. Completion of a CODA approved Residency Program is required. Please send CV to carrie.dover@prismahealth.org if interested.

Positions Available- Staff

Looking for a New Dental Team member, for a **Full time Dental Hygiene** position in wonderful Irmo, Sc! 32-36 hours a week, 8a.m.-5p.m. Monday-Friday (60min recares/ 80min New Patients) Exceptional Pay!!!! Sign on bonus!! Please call/text- 1 (843) 593-6428 info@foxdentalstaffing.com

Looking for a New Dental Team member, for a Full time **Front Desk** position in Beautiful Bluffton, Sc! Please call/text- 1 (843) 593-6428 Join the team. We are looking for More Dental Team members, both temporary (Full-time) and Permanent (Full-time) positions in SC, NC and GA! info@foxdentalstaffing.com

Looking for a New Dental Team member, for a temporary **Dental Hygiene** position in the beautiful town of Beaufort, Sc! 7:30am - 4:00pm. Fun & Energetic Environment. Eaglesoft & Dexis. 60min recares/80min New Patients/ 30 min child proph. Competitive Pay. All Proper PPE Provided. Please call/text- (843) 593-6428 info@foxdentalstaffing.com

Full time **certified dental assistant** position in a busy pediatric dental office. Duties include taking digital dental radiographs, chair side assistance to the dentist during a variety of treatment procedures. Must be a dynamic team player. Only certified Dental Assistants need to apply. Email resume and references to dmd4kids@bellsouth.net. A state of the art- paperless dental practice is

seeking a highly energetic **RDH** to complete our team. General office of 18+ years that uses itero scan for invisalign braces- Eaglesoft digital x-rays. Your uniforms, CE and medical insurance will be provided. Send resume to 147 Charlotte Ave. Rock Hill, SC 29730.

Once in a lifetime opportunity to be part of Maxillofacial Prosthodontics and Head and Neck Surgery Team! Together, we will improve quality of life of patients with complex dental and maxillofacial needs. Duties include but are not limited to taking CBCT, 3D intraoral scans, **assisting chairside** and in OR Email resume or CV and references to leeby@musc.edu.

Irmo, SC- Dental hygienist needed. Full time/ part time, Monday-Thursday 8am-5pm, lunch 12-1. Competitive pay with experience. acm5765@aol.com.

We are looking for a **DAII** to join our team. Applicant should be a people-person and willing to help out in all aspects of office life. Comensation based on experience. Benefits include PTO, paid holidays, health insurance and 401K. info@smilesinthesun.com.

We are looking for a **patient coordinator** to join our team in Indian Land. Applicant should be a people person and have experience with Eaglesoft. Compensation based on experience. Benefits include PTO, paid holidays, health insurance and 401K. info@smilesinthesun.com.

Our Lady of Mercy Community Outreach is seeking a **dental assistant** with great customer service. Four days/28 hours a week position. Must have graduated from an accredited dental assisting program or have a minimum of two years of chairside work experience. Submit a resume and cover letter to ashlee.franklin@olmoutreach.org.

We are seeking an energetic individual to step into the role of PT/FT **dental hygienist**. We are privately owned, FFS office and we offer competitive pay. Please send all resumes and references to info@lugoffsmiles.com.

Dental assistant and front desk position available. Our office hours are Monday-Thursday. We take pride in being an individual/solo practice. Surgical and implant experience preferred. X-ray certification needed. Health benefits are available. Please e-mail all resumes to info@drdonaldhogan.com or fax 803-788-4409.

Dental Hygienist- Exciting opportunity to join a longstanding practice with a full range of dental service. The office has state-of-the-art technology, including 3D CBCT! 4 day work week, strong new patient flow, guaranteed base pay with bonus opportunity. Retirement plan matching, CE, paid time off and holiday pay. cpowell@ammons dental.com.

Columbia- Well established private practice seeking **FT RDH** who is passionate about patient care, oral health and is a team player. State of the art technology including ultrasonics, digital xrays, intra oral scanning, in office milling, 3D printing and CBCT. Full benefits. M-Th 8-5 frontdesk@fivetowersdentistry.com.

Barnwell SC- Established practice with up-to-date facility and equipment looking for a **hygienist** seeking good work/life balance for a private practice. 401k matching, paid holidays, four day work week. Please send resumes to nellie@stillandreecedentistry.com

Practices/Office Space Available

Satellite dental office: 52 foot trailer. One operatory fully equipped white coastal chair. One operatory plumbed and ready. Lab, reception, business office, 1 full bathroom. Available to be donated to a legitimate charity for their use as a dental clinic call 803-617-8701.

Spectacular GP for sale in **Columbia, SC** only 8 miles from downtown! Practice is collecting over \$650,00 with 4 operatories with tons of room for growth. Fully digital, amazing location. Extremely low overhead with high profit margin. To find out more about this practice, please contact Bradley at 803-463-6636.

Dental laboratory for sale in **Summerville, SC**. Asking price is \$400,000. Contact Bradley Lloyd 803-463-6636 or blloydcommercial@gmail.com.

Office space available in **Columbia SC**. 3 operatories, 2 fully equipped, reception, private office, 2 bathrooms, lab. Call 803-798-7001.

A profitable periodontal practice situated in the **Upstate** Region of South Carolina, where 2022 collections totaled nearly \$1 million seeing patients 4 days per week. The one-story, stand-alone facility is 2,200 sq. ft., with 4 fully-equipped operatories. CS 8200 3D Neo Edition. Contact matt_kosciewicz@mcgillhillgroup.com for more information.

Location, location! 3,000 sf office for lease, **Pelham at Haywood Rd**. One block to I-385 and Haywood Mall decorated, plumbed. \$4,000 per month, taxes and insurance prorated. Ready to move it. Jocasseme1@aol.com or 864-277-5596.

FSBO- Excellent starter practice or satellite office opportunity! Established practice in **Sumter, SC** with 4 equipped ops. Fully digital with Planmeca x-rays and I-tero digital scanner. Avg 300k/yr on 3 days/week. Owner willing to stay for transition period. Any reasonable offers considered. Email bestdentist@ftc-1.net.

For Sale

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SCDA Supplies offers discounted dental supplies for all members of the South Carolina Dental Association. SCDA members could save up to 20% or more on dental supplies. More than 60,000 products from more than 500 brands (most available through dealers) are listed.

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Jennifer Patterson, DMD

"I have really enjoyed using SCDASupplies.com! It's a huge benefit to the practice to be able to search for items and order as much or as little as I need with free shipping. I've also had good experience with customer service as well."
Mark (Wil) Waninger, DMD



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