



SOUTH CAROLINA DENTAL ASSOCIATION

Bulletin

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Inside this issue:

Executive Director's Notes	2
Case Study	4
Bigfoot and the Big Encryption Myth	10
Dr. Elizabeth Reynolds Announces Candidacy for ADA Board Seat	12
Save the Date	13
Classifieds	14

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President's Message

By Dr. Julia Mikell, SCDA President



Even though we are in the vaccine phase of COVID, and we are weary of all the conflicting messages and jumping through pandemic-related hoops, there are new OSHA standards that were issued under the title of Emergency Temporary Standards (ETS) that we need to heed. The Good news.....thanks to the work of the ADA, and specifically our ADA President, Dr. Dan Klemmedson and our ADA Executive Director, Dr. Kathy O'Loughlin, who were in direct communication with the White House on this issue, OSHA acknowledged that most dental practices function differently than institutional health care facilities and are therefore exempt from most of these

temporary standards.

It is recommended to follow certain COVID related protocol including patient and employee screening and have a written COVID-19 plan which includes a workplace specific hazard assessment. NEVER FEAR! The ADA document is here! <http://success.ada.org/en/practice-management/patients/~media/BAF4641E93D848709343EEDC9E153190.ashx> (for members only, so have your ADA ID number and password handy.) This document gives us clear, succinct instructions on steps to take to be in compliance and avoid unnecessary bureaucracy. Most of the steps are carry-overs from our screening process that we started last May.

I hope this summer is continuing to be more joyful and at ease than last year's. We are looking forward to seeing many of you in Charleston during the annual meeting as well as all four district meetings during September 16-18.

Best regards,
Julia

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Executive Director's Notes

By Phil Latham, SCDA Executive Director



Phil Latham

Not a month goes by without the SCDA office getting phone calls from member dentists with certain legal questions. The below two items have been asked numerous times, so we wanted to pass the information along to the full membership.

The issues involve child abuse and legal age of consent.

What are the legal requirements of a dentist regarding child abuse?

South Carolina law requires that certain professionals report suspected cases of child abuse or neglect. Because they have unique opportunities to observe and interact with children, the following professionals are mandated reporters of child abuse or neglect: physicians, nurses, **dentists**, optometrists, medical examiners, etc.

When should these cases be reported?

A decision to report must be based upon a reasonable belief that a child has been or may be abused or neglected. Thus, mandatory reporters need not have conclusive proof that a child has been abused or neglected prior to reporting abuse or neglect to the proper authorities. A person who is required to report and fails to do so is guilty of a misdemeanor.

Where to report?

Reports should be made to the county department of social services or to law enforcement in the county where the child resides or is found. When the alleged perpetrator of the abuse or neglect is not the child's parent, guardian, or other person responsible for the child's welfare, the law requires that a report be made to law enforcement. All law enforcement officers are authorized to exercise emergency protective custody to protect a child who might be in imminent and substantial danger.

Additional information on reporting child abuse can be found at: <https://dss.sc.gov/child-well-being/mandated-reporters/>

What is the age of consent for dentistry?

The age of consent for health services, which includes dental services, is 16.

In South Carolina, the age of consent to any health service, including dentistry, is sixteen years of age. S.C. Code Ann. § 63-5-340 (2012) states:

Any minor who has reached the age of sixteen years may consent to any health services from a person authorized by law to render the particular health service for himself and the consent of no other person shall be necessary unless such involves an operation which shall be performed only if such is essential to the health or life of such child in the opinion of the performing physician and a consultant physician if one is available.

Can a patient sign a contract relating to dentistry services and be bound if the patient is only 17?

A 17-year-old patient can be bound to a contract for dental services if the services are deemed "necessary," and the minor is not living with and/or being supported by his/her parents at the time the services are rendered. Dental services are generally characterized as necessary to the life of a minor.



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Dentist Does Not Disclose Error Committed by Previously Treating Dentist; Both Are Sued for Malpractice

By Mario Catalano, DDS, MAGD, MedPro Group, an SCDA Endorsed Company

Introduction



Perfect clinical performance is a noble, but unachievable, goal in dentistry — errors can and will occur during the course of patient care. Typically, when a suboptimal outcome occurs, the treating dentist will recognize it and should take appropriate remedial steps.

Occasionally, however, the treating dentist is not aware of the error or, worse yet, does not inform the patient of it. If the patient comes under the care of a new (subsequent treating) dentist, that provider might become aware of the error. If so, the subsequent treating dentist will likely find that this situation puts him/her in a difficult legal and ethical position, as illustrated in this interesting case from the Midwest.

Case Discussion

Dr. O, who was 2 years out of dental school, purchased a practice in a major Midwest city and began treating the existing patient population. One weekend, one of the practice's patients contacted her at home. The patient's adult daughter was visiting from out of town. Three days earlier, the daughter had received root canal therapy on tooth number 7 from Dr. T, her regular dentist. The day after her treatment, the daughter had returned to Dr. T's practice because of significant postoperative pain.

Unfortunately, Dr. T was not present in the office. The office staff assured the patient that some postoperative pain was normal and she should be fine, but they did not contact Dr. T to advise him of the patient's discomfort. Based on the office staff's reassurance, the daughter traveled to her mother's home as previously planned. By Postoperative Day 3, the patient (daughter) was significantly swollen and in much greater pain. Hence, the mother's call to Dr. O.

Dr. O met the patient and her mother at the office, examined the patient, and took an X-ray. She identified a large periapical lesion at tooth number 7. The X-ray also showed root canal sealer extruding past the apex and what appeared to be a separated portion of an endodontic file.

Dr. O performed an incision and drainage, which significantly reduced the swelling, and instructed the patient to follow up with Dr. T. However, Dr. O did not inform the patient of the endodontic file segment because she did not want to "throw Dr. T under the bus." After the patient returned to Dr. T, he treated her with antibiotics, which resulted in abatement of her symptoms. Dr. T never disclosed the file segment to the patient.

The patient continued to have periodic flare-ups with the tooth over the next several years, which Dr. T treated with antibiotics. Eventually, the patient sought a second opinion at a local dental school. There, the file segment was quickly identified and ultimately removed by means of an apicoectomy. Once this was accomplished, the patient made a complete, uneventful recovery.

The patient sued both Dr. T and Dr. O for failing to disclose the endodontic file separation to her. After a discovery process lasting over a year, the patient dropped her action against Dr. O and received a financial award in the midrange from Dr. T.

Risk Management Considerations

Theodore Passineau, JD, HRM, RPLU, CPHRM, FASHRM

The subject of error disclosure has received considerable attention in risk management literature in recent years. The generally accepted approach — with a few narrow exceptions — is that healthcare providers have an ethical responsibility to inform patients when errors occur, regardless of whether the error results in patient harm.

In this case, Dr. T did not disclose the separation of the endodontic file segment for one of two reasons:



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(1) he was not aware of it, or (2) he was aware of it and chose to not disclose it to the patient. If the former, he could be criticized for not knowing; a simple postoperative X-ray would indicate the retained object. If the latter, he did not fulfill his ethical duty to the patient.

Another problem that occurred in this case was Dr. T's office staff advising the patient that her postoperative pain was normal. Nonclinical staff should not offer clinical advice, and none of Dr. T's office staff members were qualified to determine whether the patient's pain was routine or required intervention. Further, the office staff did not advise the doctor of the patient's complaint so that he could follow up with her. Many dentists follow up endodontic surgery with a phone call to see how the patient is doing. That also did not occur in this case; if it had, Dr. T may have had the opportunity to intervene in a timely manner.

As mentioned above, when Dr. O realized that a file segment had been retained, she found herself in a difficult position. On one hand, she did not know all of the circumstances surrounding Dr. T's original treatment; thus, she did not want to portray his care as inappropriate. On the other hand, this retained file segment was information that the patient needed to know and had a right to know.

Fortunately, there is a practical and effective way to deal with similar conundrums. If possible, the subsequent treating dentist should contact the original dentist directly to ask about the circumstances of the original treatment. At that time, the subsequent dentist can inform the original dentist of his/her findings and offer the original dentist the opportunity to disclose the error to the patient. If the original dentist declines disclosing the error, then the subsequent dentist should fulfill his/her ethical responsibility and inform the patient of the findings.

This case contains a certain element of irony; although the two dentists were sued for malpractice for not disclosing the separated file segment, the actual basis for the case (the breaking of the endodontic file) was not necessarily malpractice. File breakage during endodontic treatment is generally viewed as not completely avoidable even with the utmost care; thus, it is viewed as a known risk of treatment. Discussing this possible risk (as well as others) with patients as part of the informed consent process can help facilitate disclosure if a suboptimal outcome occurs.

Summary Suggestions

The following suggestions may be helpful in dealing with errors or unanticipated outcomes that occur in the course of providing dental care:

- When errors occur, ensure prompt, complete, and truthful disclosure of the circumstances to the patient. With limited exceptions, full disclosure is the best way to handle the situation both strategically and ethically.
- Gather sufficient information so that you can provide at least a basic explanation of what happened, how it affects the patient's situation, and how you propose to fix the problem. Ultimately, more than one disclosure conversation might be necessary as more information becomes available.
- If you are unsure of, or uncomfortable with, how to conduct the disclosure conversation, seek advice from an expert (such as your MedPro Senior Patient Safety and Risk Consultant) prior to the conversation.
- As part of the disclosure process, document the error or unanticipated outcome in the patient's health record, including an objective summary of the pertinent clinical facts surrounding the event. Document the disclosure conversation(s) as well, including what information is communicated to the patient, his/her understanding of the information, and any next steps in patient care.
- If, after the disclosure, the patient is uncomfortable continuing with you as his/her dentist, do not take personal offense. Be gracious and offer to assist in creating a plan for transitioning the patient's care. Be prepared for questions regarding finances.
- Although careful review and self-examination are a good idea, do not allow the error to distract you from the care you are providing to other patients. Distraction and loss of confidence can negatively affect your performance going forward. For more information, see MedPro's Risk Q&A: Managing Stress After an Adverse Patient Outcome.

Conclusion

Dentists provide complicated, highly technical care to their patients on a daily basis and with a level of efficiency, efficacy, and safety that is truly remarkable. Unfortunately, not every case will have a perfect result. Dealing with errors and unanticipated outcomes honestly and promptly is an ethical and patient-



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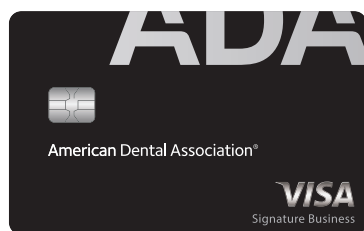
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1 For more information and resources about disclosure, see MedPro's guideline *Disclosure of Unanticipated Outcomes and Risk Resources: Disclosure of Unanticipated Outcomes*.

2 For a sample informed consent form for endodontic treatment, visit www.medpro.com/dental-informed-consent.

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Bigfoot and the Big Encryption Myth

By Robert McDermott, President and CEO, iCoreConnect, an SCDA Endorsed Company



In the late 1950's, a northern California newspaper published an article about oversized footprints discovered by loggers. Those big feet were the only proof needed for people to spread rumors quickly and for those to gain wildly unexpected popularity. 70 years later, Bigfoot's mythology still looms large.

Believe it or not, encryption has taken on its own mythical reputation. It's widely believed that encryption is the only tool needed for email to meet HIPAA compliance laws. That myth has spread just as easily as the rumors of our 7-foot-tall legend.

Fortunately, it's much easier to disprove the myth about encryption than it is to debunk Bigfoot's existence. For one thing, we know what encryption is and does. Encryption takes the Protected Health Information (PHI) you are trying to send electronically and scrambles it up so that no one can steal it while it's en route from your computer to another doctor. It then gets de-scrambled and arrives in its original state in the recipient's inbox.

Unfortunately, many email providers are trying to convince doctors that encryption is all you need to comply with the HIPAA Security Rule and its safeguards. Encryption is a critical part of compliance—emphasis on the word 'part'. There are six parts to the Security Rule and all must be met. The federal government's preferred guideline for compliance is built on the DIRECT protocol.

1. **Authenticate Recipients.** Your secure email exchange should automatically verify that the doctor to whom you are sending ePHI is a registered provider
2. **Control Access.** Only authorized users should access the content of emails. Your secure email system should at least have automatic user log-off
3. **Transmit Securely.** This is the encryption part. The higher level of encryption, the more secure your ePHI. For example, if your secure email exchange has a 2048-bit encryption level, it will take quadrillions of years to hack that email using today's technology
4. **Unaltered Records/Integrity.** All your patient information must be kept in such a way that it can't be altered or lost. The smartest backup systems store your ePHI at multiple secure data centers—not your office, home or briefcase. Cloud-based backups keep your ePHI on secure servers located around the country. In the rare event that one location is compromised, the other back-up locations have you covered
5. **Audit Every Message.** You can be audited at any time, and anyone can submit a HIPAA complaint against your practice. If you get audited, you will be required to quickly produce a detailed trail of all emails containing ePHI
6. **Lock Away ePHI for 6 Years.** Your records need to be securely stored for a minimum of six years in a way that information can't be altered or lost

Take the mystery and myth out of HIPAA compliance by understanding the full scope of what's required. Being compliant is much, much easier than finding Bigfoot!

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Dr. Elizabeth Reynolds Announces Candidacy for American Dental Association Board Seat

Past president of Virginia Dental Association seeking ADA Second Vice President post

Dr. Elizabeth Reynolds, immediate past president of the Virginia Dental Association, is running for a seat on the Board of Trustees of the American Dental Association.

In seeking the Second Vice President post in the 163,000-member professional organization, Dr. Reynolds emphasized the ADA's role in helping ensure that public policy continues to support dentists' capacity to provide quality, accessible care to their patients.

"Serving as the ADA Second Vice President, I will work to ensure that every ADA member can focus on patients first, knowing that the ADA has their backs," Reynolds said. "Among my priorities, I will fight for fair insurance reimbursement and government policies that recognize the important work that dentists perform in communities across the country."

Reynolds has held leadership posts within the VDA and the Richmond Dental Society for close to two decades, most recently serving as VDA's president and overseeing growth within the association during her term, even as she helped navigate the Commonwealth's dental profession through the uncertain times of the pandemic. She worked closely with Governor Northam's administration in setting forth policies that helped ensure the safety of dental patients while at the same time enabled dental offices to carry out their critical work. While it was a difficult year to lead the VDA, Reynolds stated, "the entire organized dentistry community really came together to meet the challenges presented by the pandemic and I am proud of the work we all did to continue to focus on providing patients with safe and essential dental care."

A 1991 graduate of the School of Dentistry at the Medical College of Virginia, Virginia Commonwealth University, Reynolds has been a practicing dentist for three decades and is currently a partner at Brown, Reynolds, Snow and LeNoir Dentistry

which has two offices in Richmond. For Dr. Reynolds, dentistry has always been an important part of her life as she grew up watching her father and his passion for his profession and his patients in his small-town dental practice. "Being a part of organized dentistry allowed my father to pursue the profession he loved and enabled him to have an impact on so many lives in the community." Following his example, Dr. Reynolds works hard, takes joy in the work, and devotes herself to supporting others in the profession that have encouraged her throughout her career.

In addition to her volunteer work with the VDA, she is a Fellow of the American College of Dentists, the International College of Dentists, and the Pierre Fauchard Academy. She currently serves as a Delegate for the 16th District of the ADA and is the proud recipient of the Harry Lyon's Award, the most prestigious honor bestowed by the Richmond Dental Society. Her numerous volunteer activities, including Mission of Mercy, Donated Dental Services, and Give Kids a Smile, date back almost 20 years.

For her ADA Second Vice President campaign, Reynolds has outlined four platform priorities:

- **Protect the Doctor-Patient Relationship.** It is essential to work with insurance companies to foster a strong, trusted exchange that will support continued long-term alliances between dentists and their patients. The ADA must take necessary action, from continued monitoring to legal action to improve third-party payer concerns. The doctor-patient relationship is sacred and must be protected.
- **Address Workforce Shortages.** Dental hygienists and assistants are vital to a successful dental team. Collaboration with the American Dental Hygienists Association and other key

stakeholders to establish training programs and address shortages will ultimately benefit the profession and most importantly, patients.

- **Facilitate Practice Transition Success.** Providing new members with a solid foundation for a successful dental career is the responsibility of a profession. The ADA's ADAPT practice transition program is an ideal opportunity to assist members in finding the practice of their dreams and to ensure that members find someone who will take good care of their patients as they retire from practice.
- **Diversify and Grow the ADA Membership.** It is crucial to embrace similarities and not let differences push members of organized dentistry apart. The strength of the organization is that dentists always put patients first. Building on what makes members similar, and embracing members differences, will create a diverse organization that is strong, educated and unified in its dedication to patients and oral health.

Reynolds stated "We are dentists, first and foremost, and as dentists it is key to remember that above all else, we have a shared passion for our profession and our patients. If I have the honor to be elected to serve as ADA Second Vice President, I will enthusiastically represent the House of Delegates and Membership to keep you engaged and informed of the great work of the ADA and its component and constituent organizations."

Editor's Note: Dr. Elizabeth Reynolds can be reached at elizabethvadental@gmail.com

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General dentist needed for well-established practice with a new state of the art facility in the Fort Mill area. Please send resumes to jasonprescottmd@gmail.com.

Busy group practice in **Fort Mill, SC** is seeking a part time orthodontist to join our expanding team. Our orthodontic department is fully established with a large referral base. We have wonderful staff, excellent compensation and earnings potential. For more information or consideration please submit CV to beth@friendlydentalgroup.com.

An excellent opportunity for a Dental Associate to join a thriving & prosperous pediatric dental practice in Charlotte, NC area. **15 dental chairs, 6 private** rooms, 3 bay areas. Guaranteed starting salary \$250,000 per year with medical benefits, vacation, malpractice insurance, continuing education and holiday.pedodds@pedodoctor.com.

Rapidly growing company focused on **telehealth emergency dental services**. We provide visual examinations using videoconference technology and then prescribe medications as appropriate for the patient. Join us in expanding access to care for millions while working where and when you want to. Minimum 2 years of post-training, clinical experience and Medicaid credentialing required. <https://bit.ly/PanelistRecruitment>

Come join our private, high-tech practice in **Fort Mill** that utilizes CEREC, Itero, CBCT, 3D Printing technology. Newer office averaging 200 new patients per month at 70/30 FFS/PPO. Mentorship available. Truly unique position! Good vibes only! matthew@mundodentistry.com.

Beaufort Family Dentistry is looking for a **Pediatric Dentist** to complete our team. We are a busy practice that's growing and expanding. The office is fully chartless and digital. Competitive pay, great benefit package, 401K, Disability. All current PPE recommendations followed. Our patients and staff are our top priority. sdurante@vsmmgt.com.

Beaufort Family Dentistry is looking for an **Oral Surgeon** for expanding practice for Beaufort and Summerville office. This is a rapidly expanding practice. The office is fully chartless and digital office that puts patients and staff as priority. Competitive pay, benefit package, 401K, Disability. All current PPE recommendations followed. sdurante@vsmmgt.com

Dental Docs of Spartanburg is seeking a **General Dentist** for expanding office. We offer premium dental services for children and adolescents. This is a state of the art office. We offer Competitive comp, full benefit package, 401K, Disability. All current PPE recommendations followed. Our patients and staff are come first! sdurante@vsmmgt.com

Union Dental is seeking a General Dentist for expanding office. We offer a complete range of general and cosmetic dentistry services. This is a state of the art office. We offer Competitive comp, full benefit package, 401K, Disability. All current PPE recommendations followed. Our patients and staff are come first! sdurante@vsmmgt.com

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Full/Part Time Associate- **Seeking GP** for multiple location dental office. Looking for motivated hands on individual. Buy in opportunities available. Daily rate converting to % commission whichever greater. High tech office. Cone beam, scanners, elec handpieces, new facilities. Travis@acuitydental.com.

Established and fast-growing private pediatric practice seeking a 2 days/week **pediatric dentist**. Looking for a skilled, motivated, personable and caring dentist. Our associate package offers competitive compensation with the possibility of a full-time or a long term position. Please email admin@lakewyliepediatricdentistry.com.

Dentist in Myrtle Beach- Looking for an associate to take over the full schedule of a doctor that is moving out of the area. Highly productive, restorative, general practice. Established for 20+ years and growing. Molar endodontic and implant experience preferred. Very lucrative opportunity for the proper individual. Possible buy-in/buy-out. Contact chadrlamar@yahoo.com or 561-305-4180.

Our private practice in **Columbia, SC** is looking for a full-time associate. We specialize in periodontics, dental implants, and laser periodontal therapy. Our 5,557 square foot office is digital, including a CBCT machine with seven operatories that expand to nine. Busy office and opportunity to transition into a future partnership. brittany@sandhillsporio.com.

Cayce- Seeking a General Dentist Part time. Flexible hours, competitive pay and high volume practice. tdbrittney@gmail.com

Crowns Now Dentistry is in search of a general dentist to take over the full schedule of a doctor that is moving out of state. **Crowns Now Irmo** is a busy 2 dentist practice that has a CBCT, 3 Shape Trios digital scanning, guided surgery etc. jerri.harman@crownsnow.com.

Dentist needed in **Surfside Beach, SC**. Looking for a full time dentist to join our state of the art fast growing practice. Specializing in general, restorative & cosmetic dentistry. Endodontics & implant experience a plus. Competitive salary & benefits + 401K. karlastrickland@sccoast.net.

CDCSC is looking for a full time, part time, or **contract dentist** who is comfortable with extractions. Our office is an approved loan repayment site and will offer a \$20,000.00 sign on bonus. We are a short distance from Florence, SC. Competitive salary and benefits. All current PPE recommendations followed. destinycdcnc@gmail.com.

Looking for a **dentist to join our 20+ years** established and fast-growing private practice. Specializing in general, restorative and cosmetic dentistry. Molar endodontic and implant experience a plus. We are a 100 % fee for service practice. Send resumes/CV to Kristen@DrRearden.com.

Apex Dental (**Rock Hill or Clover SC**) is seeking a General Dentist for expanding office. Opportunity to perform endo, restorative, implants. Supporting team, great compensation, fixed +bonus towards equity ownership, help for dental credentials, malpractice, CE. Fully digitalized, modern facility, CBCT, scanner, laser and new technology. Health care reimbursement apex_dental@outlook.com.

Large, Multi-Practice organization with strong mission to provide quality dental care to underserved families is seeking an Associate or General Dentist. **Multiple South Carolina** locations- Charleston, Rock Hill, Sumter, Orangeburg. Fantastic sign-on bonus- student loan repayment- multiple schedule options. Traveling dentists welcome to apply. jcorban@benevis.com.

Do you love children? Childrens Dental Group is seeking a motivated dentist to serve our community at our privately owned **practice in Irmo**, 1-5 days/week. Competitive & fair compensation. Come join the fun with our amazing team! Please send CV to tonia@childrensdentalgroupsc.com or 803-600-7211.

Dentist needed for school-based dental program in **Barnwell, SC** and other counties. Must work well with young children. Please call 305-972-7392 for more information.

Non DSO growing family dental practice is looking for an enthusiastic **Associate Dentist**, who is focused on providing patients with comprehensive, quality dental care. Fully digital practice and CEREC at the office. Practice is getting 20+ new patients a month. Great highly trained staff. Excellent management and marketing support. daoe0414@gmail.com.

Positions Available- Staff

Well established practice with a new facility in the SC side of the greater Charlotte area looking for an **insurance and billing coordinator/office manager**. Experience with dental insurance a must. Competitive pay with a full benefits package. Please send resumes to scresumes123@gmail.com.

Help wanted: **Dental Hygienist** Looking for a passionate Registered Hygienist Tuesday-Thursday 2-3 days a week may turn into fulltime Dentrix software, Dexis call ask for Ashley 864-233-4166.

Greenwood- Full time, part time Registered Dental Hygienist needed. Ability to communicate periodontal and oral health, as well as treatment needs. Email resumes to gracestreetdental@gmail.com.

Full time hygienist needed in **Aiken SC**. Working 4 days a week. Offer competitive pay and benefits. Email resumes to northaikendental@att.net.

Dental Hygienist needed full time in **Irmo/Ballentine**. Hours 8-5 Monday through Thursday. 401K profit sharing program. Contact Mary 803-749-6072 or acm5765@aol.com.

Full time or Part time hygienist needed at Happy Teeth in Myrtle Beach, SC. Monday-Friday 9-5 optional occasional Saturdays. Must work well with young children and be able to communicate treatment needs. Competitive pay and benefits. Email resumes to happyteethmb@gmail.com.

We are looking for an experienced and professional **full time RDH** to join our team. Candidates must have great work ethic, excellent skills and good chairside manner. We offer competitive pay and benefits. Hours are Monday 8-3 and Tuesday-Thursday 8-5. Email resumes to reception@lowcountrysmiles.com.

Experienced **Hygienist** needed full time for well established practice. Benefits include sick days, vacation, holidays, retirement plan and bonuses. Email resumes to reception@lowcountrysmiles.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 and HVAC included. Ready to move to your location. \$25,000 OBO call 803-617-8701.

70 miles inland of **Coastal SC**: Recently renovated, 3 operatory practice located 70 miles from Charleston. Standalone professional building with high visibility. Practice produced \$670,000 in 2019, and there is unlimited potential for growth! Courtney 843-324-0703, courtney.robinson@henryschein.com. #SC1533

Well-established general dental practice for sale in **Newberry, SC**. loyal and consistent patient base. 5 ops in 2,177 sq. ft. of space. 2020 collections were approx. \$600,000 with the selling doctor seeing patients 4 days per week. Matt.kosciewicz@mcgillhillgroup.com.

\$1M+ Metro Columbia: Collections of \$1.3M+ on 8 doctor and 8 hygiene days with 3,000+ active FFS/PPO patients. Beautiful office building with 8 ops, 1 is unequipped, additional office space upstairs and state of the art equipment, Cerec and Cone Beam. The building is offered for purchase or lease. SC-6625 Contact: AFTCO 800.232.3826.

Near Charlotte: GP with excellent cash flow from \$700K in collections. The modern, stand-alone office has 5 ops with room to expand. This practice operates on 4 doctor and 8 hygiene days; allowing for new patients monthly. The real estate is available to purchase or lease. SC- 6610 Contact: AFTCO 800.232.3826

New Charleston opportunity: Well-established GP open 4 days/wk and collecting \$400K/yr. The 1,500 sq. ft. office has 3 ops and uses Easy Dental. Owner refers out all specialty procedures. With a patient base of over 1300, there is plenty of room for growth. SC-6755 Contact: AFTCO 800.232.3826.

Columbia, SC Implant-centric Merger Opportunity Desirable community, minutes from downtown-12 operatories with expansion opportunity for 2 additional ops. Large office building real estate for sale. Collections of \$1.34 million & EBITDA \$132,000. 3,700 active patients & 50 new patients/month. Contact Professional Transition Strategies to learn more: sam@professionaltransition.com or 719.694.8320.

For Sale

For Sale: Dental equipment chairs, units, lights, cabinetry, x-ray, vacuum, compressor, sterilizers and handpieces. Any and all things dental call 843-697-7567.

For Sale: I-CAT- 2008 Gendex GX-CB500. This unit is in good working condition and was recently pulled from service and professionally de-installed. \$35,000 contact charles@mstxs.com or 843-697-7567.

Brand new, never been used, **Astra Tech Implant System**. Includes hand piece, inventory of implants, everything needed to start implants in your practice. Priced new at \$18,000 will consider \$10,000 obo. hmfingar@gmail.com or 843-816-6668.

Sirolaser Advance Plus- Diode laser with infrared and red diode covers indications in the field of soft-tissue surgery, periodontology and endodontics. Known as Low-Level-Laser-Therapy (LLLT) meaning less post-op pain and less need for medication. Lightly used - like new with all accessories. \$2,000. Contact: hmfingar@gmail.com or 843-816-6668.

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TPH Spectra ST Syringe Refill by Dentsply Caulk: Buy 4, get 1 of same free 3g (HV or LV) **\$77.99** ~~\$88.99~~



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