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Dental Manpower Shortage

By Dr. Julia Mikell, SCDA President



Dr. Julia Mikell

Is a dental team manpower shortage due to COVID-19 a possibility? Based on discussions I have had with some of our technical college dental program administrators, combined with reports from dentists regarding dental team members who have not returned to work, I believe it may be.

The schools that educate and train future hygienists and dental assistants are facing similar logistic and economic challenges as private practices, but on a larger scale. All of these schools are grappling with the COVID-19 imposed logistics of patient capacity, faculty coverage, and the related increased costs at the top of the list. These schools are also faced with meeting students' expectations, graduation and accreditation requirements. The administrators of these programs have limited control of their budget which adds an additional complication for them.

Of course, these dental program administrators have been busy planning and justifying their "re-open" strategies and related expenses of their programs. For example, Trident Technical College has decided to forego their dental assisting program for this year. Midlands Tech will start this academic year for both the hygiene and assisting programs, but at the end of July, the details for how many clinics could be added to the evenings and how to schedule faculty to cover the clinics had not been finalized.

While the ADA survey in late July indicated that 99% of dental offices had returned to work, we know that some of our best team members have not returned. The attrition rate of dental healthcare personnel (DHCP) has not been studied yet, but we are aware that the manpower of all categories of DHCP is being challenged by illness due to suspected or actual COVID symptoms, quarantining, personal health considerations which are now risk factors for this virus, as well as responsibilities at home to family members. Some personnel have postponed their return, while others have retired from dentistry permanently and suddenly.

A third aspect that could impact workforce supply stability is the licensure examination process. Currently our South Carolina LLR Board of Dentistry has allowed DMD and RDH degree candidates to take manikin-based licensing exams until the end of 2020. Acceptance of manikin-based exams, as with many of the changes brought about by this virus, will need to be considered as a permanent modification in the process. This will be an LLR Board of Dentistry topic which we should all be informed.

Just as we know that dentistry is essential for our patients, we also know that training our future team members is also essential. If the programs falter, our ability to stay productive and serve the needs of our patients will be compromised. We need to be aware of manpower concerns for our current dental team members as well as the pipeline of qualified, credentialed and/or licensed future team members. This awareness will be important so that we are prepared to advocate for COVID related funding for the schools, but also support the students and the schools in other ways.

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As the fall season approaches, hopefully you are reconnecting with your study clubs and putting together plans to gather either virtually or perhaps in person. I am suggesting a topic of conversation this year include what your study club might be able to do to help the hygiene and assisting programs in your region. Consider reaching out to your closest technical school's dental science program faculty to see what would be most valuable for them. Help might consist of volunteering time to help cover clinics, showing financial support, or advocating for them with the institution's board or your legislators.

Please join me in spreading awareness, advocating for, and showing support for the established and valued programs in your section of our state while we all continue to struggle with the challenges on our profession caused by this virus.

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Dr. George Richardson- 1917-2020

SCDA Member for 74 Years

Dr. George B. Richardson FLORENCE - George Butler Richardson, DDS, died Sunday, July 26, 2020, at the age of 102. He was born in Loris, South Carolina, a son of the late Dr. Huger and Margaret Butler Richardson. He graduated from Bailey Military Academy in Greenwood, SC, in 1936; from Wofford College in 1940; and from dental school at the Medical College of Virginia in 1943. Following the U.S. entering World War II, the military took over colleges and Dr. Richardson, having participated in ROTC while at Wofford, was drafted into the Army as a first class private. He served in the Army, shipping out to Normandy to an assignment with the 168th General Hospital. He boarded the Queen Elizabeth for the journey overseas. On this long trip, he enjoyed playing bridge, and even found himself at a table beside Winston Churchill on the voyage to Europe. As one of nine dentists, he treated soldiers and prisoners of war with the 168th General Hospital in Normandy, and eventually, in Metz, France, until the war ended. Upon his discharge from service as a captain in July 1946, he returned to the states where he began his private dental practice in Florence. It was here he met Elinor Tyler, whom he married on December 27, 1947. Dr. Richardson retired from dentistry in 2012 after 65 years of practice at the young age of 94. At the time, he was the oldest practicing dentist in the state of South Carolina. Dr. Richardson was a member of First Presbyterian Church in Florence and served on the Board of Thornwell Home for Children. He participated in the South Carolina Civilian Rifle Team in 1935 and 1936 and led his team to national competition. His love for sport and competition led to a life-long pursuit of golf and bridge. In his eighties and nineties, he frequently shot his age or better. He is preceded in death by his wife of 66 years, Elinor Tyler Richardson; a son, George Tyler Richardson; and a brother, Dr. John James "Jack" Richardson. He is survived by two sons, Dr. James Huger Richardson and his wife, Kathy Houser Richardson, of Columbia, and Kenneth Tyler Richardson of Florence; three grandchildren, Emily Louise Richardson and Whitney Ann Richardson, both of New York City, and George Clark Richardson of Columbia; two nieces, Jody R. (Dr. Murrell) Smith of Sumter, SC, and Martha Anne DeBerry of Florence; and a nephew, Dr. James A. (Dr. Wendy) Richardson of Florence; and their families. Due to the restrictions of the coronavirus pandemic, the family will hold a private committal service at Mount Hope Cemetery, directed by Waters-Powell Funeral Home. Memorials may be made to Thornwell Home for Children at thornwell.org/donate; or to Wofford College, c/o Wofford College Office of Advancement, 429 N. Church St., Spartanburg, SC 29303.



Dr. Richardson was a member of First Presbyterian Church in Florence and served on the Board of Thornwell Home for Children. He participated in the South Carolina Civilian Rifle Team in 1935 and 1936 and led his team to national competition. His love for sport and competition led to a life-long pursuit of golf and bridge. In his eighties and nineties, he frequently shot his age or better. He is preceded in death by his wife of 66 years, Elinor Tyler Richardson; a son, George Tyler Richardson; and a brother, Dr. John James "Jack" Richardson. He is survived by two sons, Dr. James Huger Richardson and his wife, Kathy Houser Richardson, of Columbia, and Kenneth Tyler Richardson of Florence; three grandchildren, Emily Louise Richardson and Whitney Ann Richardson, both of New York City, and George Clark Richardson of Columbia; two nieces, Jody R. (Dr. Murrell) Smith of Sumter, SC, and Martha Anne DeBerry of Florence; and a nephew, Dr. James A. (Dr. Wendy) Richardson of Florence; and their families. Due to the restrictions of the coronavirus pandemic, the family will hold a private committal service at Mount Hope Cemetery, directed by Waters-Powell Funeral Home. Memorials may be made to Thornwell Home for Children at thornwell.org/donate; or to Wofford College, c/o Wofford College Office of Advancement, 429 N. Church St., Spartanburg, SC 29303.

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Dentist's Underestimation of Adverse Event Complications Leads to Malpractice Suit

By Mario Catalano, DDS, MAGD

Background

In the practice of dentistry, as in all healthcare, we strive for perfect results. However, sooner or later, a case occurs in which the results do not meet the expectations. This edition of Malpractice Minute reviews such a case and examines an adverse event and its after-effects.

Case Discussion

The patient was a 31-year-old female who presented to a dental practice with an emergency resulting from a badly decayed tooth number 2. The patient was new to the practice. She was assigned to Dr. Wilson, a dentist who was only in his third day with the practice after graduating from dental school. After clinical examination and X-rays, Dr. Wilson decided that the tooth was not viable and the patient needed an extraction. Appropriate informed consent to treatment was accomplished, and the procedure was commenced.

The extraction appeared uncomplicated, as tooth number 1 was already missing. Dr. Wilson attempted to elevate the tooth distally. During this process, he heard a slight crack, but did not think anything of it. Shortly thereafter, Dr. Wilson manipulated the tooth out of the patient's mouth; however, because a piece of the maxilla was inherent to the root, he had some difficulty separating the root and bone material from the soft tissue. Dr. Wilson placed the tooth on the bracket table and left the room to obtain suture material to close the opening in the mucosa.

When Dr. Wilson returned, he placed four sutures, gave the patient appropriate postoperative instructions, and, once he was satisfied that the bleeding had stopped, he sent the patient home without antibiotics (which he did not feel were warranted considering the routine nature of the procedure).

The following day, the patient called the practice to state that as she drank orange juice that morning, some of the juice was expressed through her right nostril. The receptionist scheduled the patient to see Dr. Wilson immediately. Upon examining the patient, Dr. Wilson concluded that an oro-antral communication had occurred, and he referred her to an oral surgeon for repair of the condition.

The oral surgeon saw the patient the following day and repaired a 1.5 cm defect. Because of the size of the defect and the contamination of the sinus tissue, the oral surgeon had a difficult time with the repair. Following the repair, the patient began to suffer chronic sinusitis and had to undergo two subsequent surgeries before a complete recovery was accomplished. Shortly thereafter, she consulted a malpractice attorney and brought a lawsuit against Dr. Wilson.

In preparation for the defense of the case, Dr. Wilson met with his malpractice defense attorney. At that meeting, Dr. Wilson produced the informed consent form, explained that he had used only minimal force in the removal of the tooth, and noted that although he was aware of some bony tissue attached to the root of the tooth, it was "very small." He further explained that he didn't feel that an immediate referral to an oral surgeon or the use of antibiotics was necessary. Based on this information, the decision was made to defend the case.

During the legal discovery process, the plaintiff's attorney produced a photograph of the tooth and bony tissue, which the patient had taken with her cellphone while Dr. Wilson was out of the room. The size of the bony material and its shape and composition made it clear that it was a significant amount from the floor of the sinus. After seeing the picture, Dr. Wilson and his defense attorney collaborated further and decided to settle the case in the midrange.

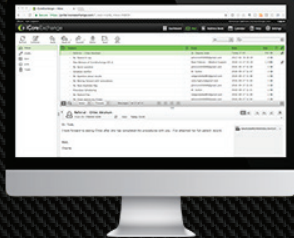
Risk Management Considerations

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

This case discusses a situation that inevitably occurs in the delivery of healthcare — an adverse event, which is defined as any unexpected, suboptimal result of treatment. An adverse event might occur for a variety of reasons. Sometimes a mistake is made that follows a predictable course leading to an undesired outcome (for example, miscommunication between a general dentist and oral surgeon results in extraction of the wrong tooth).

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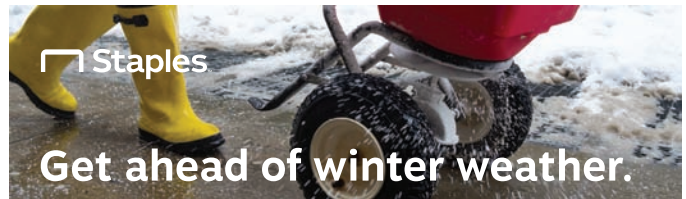


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In other cases, miscommunication might occur between the dentist and the patient that interferes with the desired outcome (for example, a patient does not understand or follow his or her aftercare instructions, resulting in an extraction becoming a dry socket).

In some cases, both the dental provider and the patient do everything correctly, but nature does not follow its usual course, and a problem results. This scenario is what appears to have happened in this case.

The case started out well — Dr. Wilson properly evaluated the patient, correctly diagnosed her condition, settled on an appropriate treatment technique, and secured the patient's informed consent to treatment. The documentation shows no evidence that Dr. Wilson used excessive force in loosening the tooth or made any other clinical missteps in the course of the extraction. However, probably for reasons we will never know, he clearly caused a breach in the integrity of the sinus floor during the extraction, resulting in the injury described previously.

Even when the utmost skill and care are exercised, adverse events can occur. The mere occurrence of an adverse event does not necessarily indicate that the practitioner has deviated from the standard of care.

In examining this case, two events stand out as possible situations that Dr. Wilson could have handled differently. First, it is clear that he significantly underestimated the amount of tissue that had been broken off from the sinus floor. In hindsight, it would have been wise for him to stop at that point and ask a more senior dentist to come in and evaluate what had happened and advise Dr. Wilson about what remedial steps he should take. In concept, this is no different than asking for a consultation when an adverse event has occurred.

Unfortunately, many practitioners consider requesting a consultation under these circumstances to reflect weakness or inadequate knowledge. Actually, requesting a consultation when things do not go as planned is a prime example of "playing it smart." Given how new Dr. Wilson was to practice, his colleagues should have encouraged him to seek the advice of a more senior dentist at the slightest indication of a problem.

Second, the adverse event was not disclosed to the patient. When treatment does not go as planned, the provider should inform the patient of the adverse event as early as possible, including what has occurred, why it has occurred (if known), and the recommended steps for remediation of the problem. In this case, none of these steps occurred, very possibly because Dr. Wilson did not recognize the seriousness of the situation. The worst case scenario is what occurred here — the patient was left to discover on her own that an adverse event had taken place.

Conclusion

No one is perfect all the time and mistakes happen — especially when someone is first getting started in his or her career. Although it might be difficult for some practitioners, seeking advice (either formally or informally) early and often is the best way to gain understanding and experience and to provide a safe environment for patients. In due time, nearly everyone becomes the one consulted, and the benefits of collaboration come clearly into focus.

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Signs Your “Compliant” Email Service Isn’t Actually Compliant (Or That It’s Time to Upgrade) By Robert McDermott; President/CEO, iCoreConnect an SCDA Endorsed Company

Many email services claim to be HIPAA-compliant, but an unsettling number may only loosely meet federal law. It’s an understatement to say all HIPAA-compliant email services are created equally.

If any of the following resonates with you, use the information below to help you choose a secure email service that provides the protection of full HIPAA compliance, speeds your workflow, and reduces cost.

I thought spam was just annoying, but I just got hacked.

Stopping criminals at the front door is far more effective than trying to neutralize them once they’re inside. Spam and phishing attacks are the primary ways cybercriminals target dental practices, so your email service needs to stop imposters from infiltrating your PHI-relevant inbox.

The DIRECT Protocol is a standard that verifies the sender of an email is a nationally-registered healthcare provider. So it ensures your PHI-relevant inbox only contains messages from verified providers, or others you invited. The most secure cloud-based services will be built on the DIRECT Protocol, which is the federal government’s preferred standard for exchanging Electronic Protected Health Information (ePHI).

It’s free, and it claims to be HIPAA-compliant.

Many email services offer low or no-cost service, and claim compliance. Remember, you often get what you pay for. At the “free” level, many of these services provide encryption as the only protection. Encryption is critical, because it makes it harder for a cybercriminal to intercept and open a message that’s traveling across the internet. But encryption alone doesn’t cut it; it’s just one of the compliance requirements. In order for an email service to be HIPAA-compliant, each of six specific federal requirements must be met.

Make certain your email service:

- Authenticates recipients using the DIRECT protocol.
- Controls access with auto log-offs (and more).
- Transmits securely at 2048-bit encryption.
- Keeps copies of unaltered records, storing your files in highly secure, private server centers(to prevent tampering).
- Provides an audit trail for every message, so you can produce it immediately if audited.
- Securely stores your ePHI for six years to prevent damage, loss, or theft.

I can’t attach a large imaging file.

Hate the sight and sound of the ERROR message telling you your attachment is too big? A comprehensive HIPAA-compliant service won’t restrict you to a certain size or the number of files allowed in an attachment. Talk with your cloud service to make sure it offers a flexible service without file size limits at no additional cost.

I spend a lot of time logging in and out of various windows.

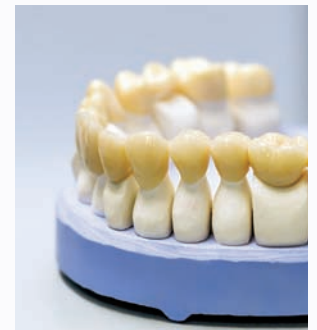
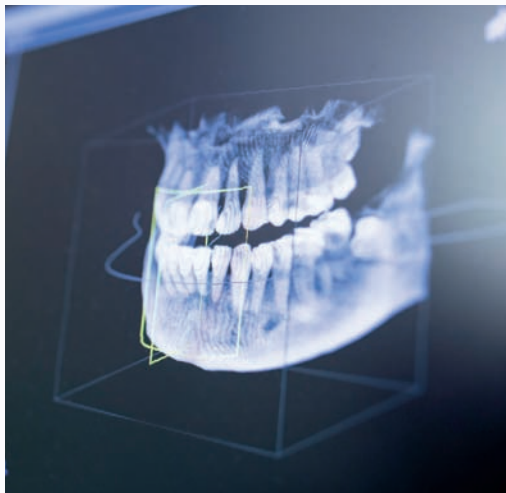
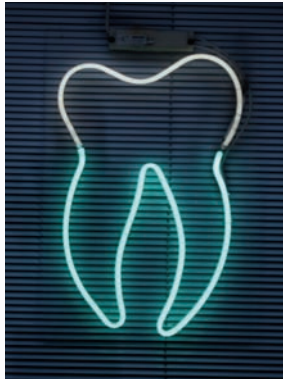
Here’s a tip to speed your workflow. Find a cloud-based service that integrates your regular email (e.g. Gmail, Hotmail, AOL) into the same interface as your HIPAA-compliant email. One login will show you all your email options. Adding this functionality to a robust cloud-based practice management system will mean an end to window hopping.

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New Testing Procedures: SC Board of Dentistry to Utilize PSI Testing Service to Administer Nitrous Oxide Monitoring, Infiltration Anesthesia and Dental Technician Examinations

The South Carolina Board of Dentistry has contracted with PSI Testing Service for the administration of the Nitrous Oxide Monitoring, Infiltration Anesthesia and Dental Technician examinations. Applicants seeking certification will continue to submit applications to the Board office and upon being made exam eligible, PSI will contact the applicant directly regarding registration and scheduling for the examination.

State schools offering courses in Infiltration Anesthesia and Nitrous Oxide Monitoring no longer need to request examinations from the Board office. Schools are to direct students to apply for certification with the Board and upon receipt of a complete application, they will then be made exam eligible. Course completion is required to complete an application and exam eligibility will not be issued prior to receipt of course completion.

Once a completed application has been approved, exam eligible applicants will be contact by PSI to register, pay for and schedule for the examination at the closest testing site. Examination fees are \$25.00, paid directly to PSI Testing Services.

Examinations will now be administered via computer in a proctored environment in a PSI testing location. Applicants needing ADA accommodations will need to notify PSI upon registration. Applicants will receive examination results immediately after the conclusion of the examination. PSI will send the exam results directly to the Board office. Please allow 3-5 business days for processing of examination results. Upon successful completion of the examination, the Board will issue a certificate to the applicant. An applicant who fails the examination may retake the exam up to two (2) times by submitting a Reexamination Request Application. This application will be sent by the Board office to applicants who have not successfully passed the examination.

Dentists Having Babies During a Pandemic

While all dentists share many similar concerns and interests, there are some situations primarily faced earlier in our careers. Adding a dentist to your practice whether it is an associate, a partner, or a new owner is a milestone in a dentist's life. But adding a baby to a dentist's family might be the biggest personnel most impactful change of all.

For any of us who look back with memories of those times, we remember all the preparation and planning that goes into that time of our lives. Balancing a family plan with a work plan during one of the most exciting times of life is a challenge that doesn't come with a rule book. Well, imagine doing all of that during COVID-19.

This article linked below from the American Dental Association News, describes what some new dentists have experienced this year. Even in our Central District, we had three out of four of our officers have babies this spring. Our ADA 16th District New Dentist committee member, Dr. Daniel Hall, from Williamston, SC, is [featured in the article](#) along with his wife and baby boy.

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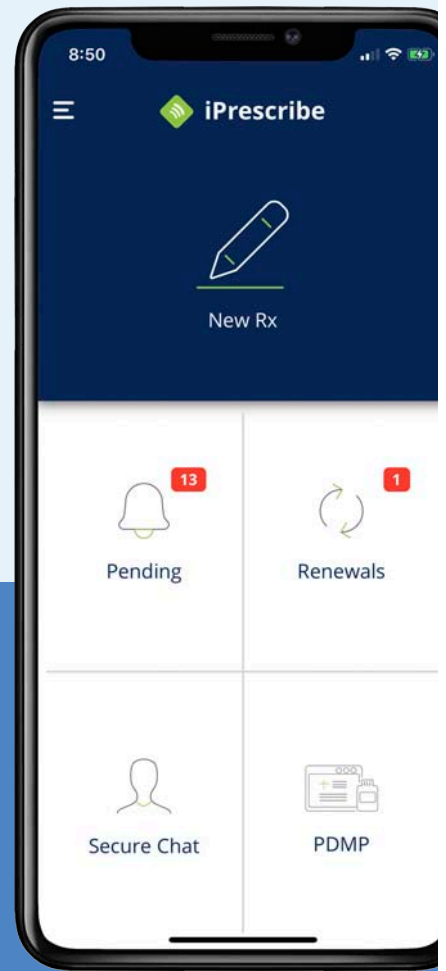
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SCDA Member Spotlight

Dr. Todd Woollen, Cedar Springs Family Dentistry, Spartanburg, SC

1. How long have you been a dentist and member of SCDA?

I am a recent SCDA member and 2020 graduate of MUSC CDM.

2. What schools did you attend?

I attended Clemson University for undergraduate and then MUSC College of Dental Medicine.

3. Tell us about how you discovered your love of and interest in dentistry?

I was fortunate to have the opportunity to volunteer on several medical mission trips where I was able to experience dentistry first hand and the satisfaction that comes with helping others.

4. What are you doing in your practice that you think other members of SCDA should know about?

We offer our patients same day CEREC restorations and utilize 3D dental imaging to provide the best treatment outcomes for patients.

5. What advances in the field of dentistry are you most excited about?

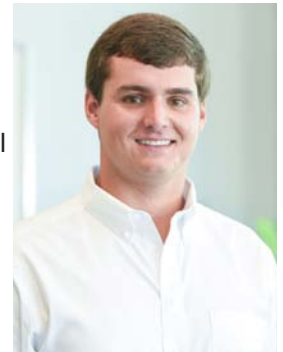
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6. What do you love most about practicing in the Upstate?

I grew up here and love the direct access to mountains and lakes.

7. What do you love about the SCDA and organized dentistry?

I love how organized dentistry protects the dental profession and ensures that patient care always comes first.



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Positions Available - Dentists

Volunteer-Helping Hands Dental Clinic (Georgetown). Th 5 pm. 843-527-3424 or acct.hhands@gmail.com.

Downtown Columbia SC practice looking for a full time associate. Base salary plus commission. Signing bonus plus attractive benefits package. Will consider a partnership with the right candidate. Send resume to james@garnersferrydentistry.com

Large group practice seeking **associate dentist**. Positions in Indian Land and Rock Hill. Competitive/excellent pay for qualified candidate. Experience preferred. State of the art facility. Must have great work ethic, excellent skills, good chair-side manner. Email CV smilingdds1@gmail.com

St George/Santee/Holly Hill, SC- Looking for dentist to expand our staff at growing dental group. 4-5 days per week in St. George/Santee. Prefer to live within 25 miles of practice. 8 dental hygienists/18 op practice. Contact 843-560-2226 or drgarris@bellsouth.net

D4C Dental Brands is currently hiring a **Pediatric Dentist** for positions in SC. We are dental specialists owned practices looking for support for one of our locations in Charleston. Our offices are child friendly, fun and committed to quality dental care. We offer benefits and competitive compensation. Visit us online d4cdentalbrands.com.

Fully equipped mobile unit traveling to rural SC is looking for a dentist to help change lives, need your help. Contact thepalmettopalace@gmail.com.

Are you a Dentist looking for a busy and established practice in **Rock Hill**? Look no further. Competitive compensation, benefits packages available, complete business and operational support, and Comprehensive treatment planning to majority PPO/fee-for-service patients. What more could you want? Email resume or referrals to mary.barfield@dentalonepartners.com or visit www.dentalonejobs.com today.

Oral Surgeon to join well established privately owned group practice. Thriving Implant practice, three locations with brand new facilities and state-of-the-art equipment. Lucrative starting salary, relocation expenses and partnership track available. Fantastic opportunity to become a partner in an outstanding family environment. eric@neoralsurgery.com.

Lucrative opportunity for BC/BE **Oral Surgeon** to join our practice in the Charlotte, NC area. Position is for a full-time associate with partnership potential. Guaranteed salary of \$350K with production bonus, malpractice insurance and more. Complete compensation is upward of \$500K. NC/SC dental licenses are required. cmcbride@omfspartners.com.

Associate Dentist position with partnership track and mentorship. Growing practice seeing over 200 new patients per month. 70/30 FFS/PPO payer mix with no Medicaid. Newer practice with CBCT, CEREC, 3D printing technology. Paid CE, malpractice. Email resume matthew@mundodentistry.com.

Part time Dentist needed in **Columbia SC** may lead to full time if desired, 35% of collections, experience in extractions and root canal treatment required. Guaranteed daily minimum is also available. Please contact 803-997-0088 or drrsdental@gmail.com.

We are in need of a hard working, fun, energetic **General or Pediatric Dentist** to join our rapidly growing practice. Part-time or full-time. Motivated to maximize competitive compensation. Our second expansion is in the works. Multiple opportunities for growth and development including possibility of equity. Please submit CV to tonia@childrensdentalgroupsc.com.

Temporary-permanent positions for dental assistants, hygienists and dentists. Dental insurance recovery services are available. hello@infinitydentalsol.com.

Are you a passionate and energetic **dentist** looking to join an excellent team of dental professionals? Clinical autonomy, work life balance, state of the art technology and competitive compensation, along with the support of an operational team. Charleston, Florence and Spartanburg locations. aali@lonepeakdentalgroup.com.

Camden, SC- Full-time Dentist/partner potential. Huge earning opportunity. \$250 K+. Sedation experience required. Immediate need. We want to talk. Growing office with great staff. Don't pass this opportunity without getting all the information ahga73@gmail.com.

General Dentist needed around **Denmark SC**. We are looking for a full time or part time Dentist. We offer a guarantee of 35% production whichever is greater. If you are interested, then please email me at jobs29003@gmail.com for more information.

Fort Mill- Full time Associate Dentist position. Established practice of 20 years. Competitive compensation and benefits available. Send resume to kim@biehl_dentistry.com.

Full time associate dentist available in **Fort Mill, SC** in an established and growing private practice (no buying or partnership opportunity). Seeking a compassionate, hard working dentist with excellent clinical skills. Proficiency in restorative, crown & bridge and cosmetic dentistry required. Send resume to drjasper@jasperdentistry.com.

Associate Dentist needed in **Lexington**. Well established 40 year old fee for service practice. 8 operatories and large patient base. Senior dentist is retiring. General practice offering comprehensive dentistry. Please send resume to heyward@drssmithandrobinson.com.

Positions Available- Staff

Seeking FT **Dental Assistant** minimum 3 yrs experience. 401K, paid holidays, vacations and health insurance stipend. Open M-TH 8-5. Sherryrauchdds@gmail.com.

Full or Part time experienced **Hygienist**. Anesthesia cert and nomad exp a plus. Easy schedule, Mon-Thurs 8-5 or Wed & Thurs 8-5. cdcsmiles@live.com.

N. Myrtle Beach Perio practice needs an experienced, full time front desk assistant. Duties include: patient scheduling and insurance posting with excellent phone skills. Excellent salary and benefits. periothree@sc.rr.com.

Columbia- Full time, part time **Registered Dental Hygienist**. Current state license, career minded team player that's able to effectively communicate with the doctors and patients. Knowledge of periodontal therapy, digital xray and charting. Local anesthesia certified. Email resumes to customerservice@davisanddingle.com

Scheduling Coordinator needed for busy West Ashley (Charleston) PPO General Dentist. Ideal candidate: dental experience, computer literate, eaglesoft experience + + +, good phone and interpersonal communication skills, team player, insurance knowledge. Hours 8-4 M-Th and occasional Friday. Resumes in .doc or .pdf formats to wolf@wolfdental.com.

Registered Dental Hygienist Wanted for beautiful Hilton Head Island office! Enjoy set four day work week with paid vacation, holidays, and bonuses for production goals! Join a friendly team helping to provide excellent care in a beautiful setting. Full time candidates with a great attitude please send resume to hhidmd@gmail.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.

General practice for sale in **Pee Dee Region**. Attractive, renovated facility, 3,500 sf with 8 ops (3 used for hygiene). Excellent streetside visibility. Steady new patient flow even with limited marketing. 2019 income projected to be \$1M+. Contact McGill & Hill transitions@mcgillhillgroup.com.

Lexington Opportunity: established practice collecting \$730K with a large FFS patient base of 2,400+. Facility includes 6 treatment rooms, digital x-ray & PAN and utilizes EgelSoft software. Several procedures are referred out that could stay in office, leaving plenty of room for growth. SC-6296 Contact: AFTCO 800.232.3826

Highly successful **\$2.9M advanced practice** SC-6319. Well established practice collecting \$2.9M on a 4-day work week with a 2,000+ active patient base that is 100% FFS. Modern facility with 8 ops, digital x-rays, cone beam, Cerec and Dentrux software. The owner is flexible with their transition plans. Contact: AFTCO 800.232.3826

Near Charlotte: poised for continued growth in a rapidly expanding community with \$700K in collections. Modern, stand-alone office has 5 ops with room to expand. The real estate is available to purchase or lease. SC-6314 Contact: AFTCO 800.232.3826

Greenwood dental office for sale or lease. The free standing building has 6 to 8 operatories with a city owned children's park beside it. 864-229-6719.

Dental office retirement sale: Modular office near **Laurens County** Hospital, can be moved or rented; great for satellite office. Dental EZ chairs, recently recovered (like new), new compressor (2020)- Air Star 22, sterilizer- Midmark MII Ultrasonic Cleaner (2020), Patterson Dental, Dental EZ and Pelton and crane lights, office furniture/filing cabinets. 864-682-8029 or 864-871-0041, crowgaryfdmd@bellsouth.net.

Turn key Dental space for lease in **Seneca**. The space is 2,500 SF and includes 6 exam rooms, lab, x-ray room, break room, office, reception/file storage and waiting area. Contact Grayson Burgess, CCIM 864-770-3288 or grayson@tbccre.com.

Charleston-area GP for sale. 2019 collections were over \$814k with the doctor seeing patients 4d/wk. There are 6 operatories in 2150 square feet in an attractive facility with updated equipment and technology. transitions@mcgillhillgroup.com

Nice stand-alone pediatric office in the **western midlands of SC**. Predominantly Medicaid practice; 5 operatories and 1 infant/toddler exam/consultation room. Broad patient base across 8-9 counties. Excellent well-trained staff willing to stay. Selling dentist willing to work a short period to ensure a smooth successful transition. Please contact nmcfadden@ddsmatch.com

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.

For sale: Dental equipment, chairs, lights, cabinetry, x-ray. Call 803-783-2686.

For sale: CEREC Red Cam aquisition unit and milling chamber, as a pair or separate. Can be used for \$30,000 credit towards Primescan and Primemill. Call or text 803-426-7312.

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