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Presidents Message

By Dr. Deidre Crockett, SCDA President



Oral Cancer Awareness Month

April is Oral Cancer Awareness month. As most of you do, I remember taking several oral pathology classes in dental school. At MUSC, we were so fortunate to have the excellent professor and author Dr. Brad Neville as our educator. Oral Pathology was an extremely interesting subject while in school and applies to my practice daily.

I still have my Oral And Maxillofacial Pathology text book with notes and tattered pages from looking up lesions over the years. The textbook and online photos are used to help educate my patients on why action is needed to evaluate oral lesions. Fortunately, there are many Oral Surgeons where I practice when I need to refer patients for suspicious lesions and possible biopsies. In my early private practice career, a new patient presented for a new maxillary denture due her current denture not fitting well. This was one of my first denture patients after dental school. While examining her palate, I noticed a slight ragged edged white lesion on the hard palate extending to the soft palate. I could not rub the lesion off and sent the patient directly to an OMFS for evaluation. Fortunately, the patient consented and went to the OMFS for an exam. The lesion turned out to be Verrucous carcinoma. The OMFS ended up referring the patient to an ENT for comprehensive treatment due to the lesion spreading to the soft palate and beyond. I am grateful for the excellent Oral Pathology education provided at MUSC. I feel that we were well educated to notice suspicious lesions and when to refer our patients.

Dental continuing education concerning Oral Pathology is always a great idea for review and to address new treatment options. There are also many resources on the ADA website concerning oral cancer and the HPV vaccine. The ADA provides relevant links to studies and publications when searching for "oral cancer" on the ADA website.

Here is a link from the National Institute of Dental and Craniofacial Research concerning Oral Cancer [Oral Cancer | National Institute of Dental and Craniofacial Research](#). There are valuable tools on this page that provide an excellent review for dentists, and for educating patients.

Lobby Day

Our state Lobby Day was March 4th. Students from MUSC Dental School arrived in Columbia to speak with Senators and Representatives. According to Ashlea Willis, ASDA rep and fourth year student, the sixteen MUSC students had a "fantastic State Lobby Day" in Columbia, SC! The Students, ranging from first to fourth years, were so engaging and eager to learn more and get involved now and beyond. After speaking with the various legislators and staff, they were able to go into the House of Representatives and Senate during their session to observe the chambers. The students expressed gratitude to Dr. Thomas Edmonds, our state Legislative Chair, Dr. James Lemon, Mr. Phil Latham, and Mr. Mark Brown our Executive Director and Associate Executive Director who accompanied the students. The topics discussed ranged from past legislation to current legislation including scope of practice, incentive programs for those practicing in rural areas, tele health, tele dentistry and the cost of education.

Here are some photos of students and our SCDA team from S.C. Lobby Day.



Our National Lobby Day is at the end of March onto April. I will share what occurred there in the May bulletin along with any issues that occur.

Membership

Finally, I would like to thank members that have renewed for 2025. The entire staff of the SCDA are always contacting non-renews by mail, email, and phone. The SCDA board and district leaders are also working on membership.

If you meet a new dentist to SC or a non-member, please invite them to join our association. Also, please let them know to contact Maie Burke directly at Burkem@scda.org or 803-750-2277. She will walk them through the process to ensure all goes well while the ADA is still working on software issues. Maie has been vital for assuring our state numbers and member benefits are accurate for each member.

Deidre B Crockett, DMD
President

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ADA Trustee Report- Building Update: ADA's New Chapter

By Dr. Jim Mercer, 16th District Trustee



I recently returned from the February Board of Trustees (BOT) meeting, which marks the final Board meeting held at ADA's 211 East Chicago Avenue headquarters. As you may already know, this building has been sold, paving the way for exciting new developments for the ADA.

This change is part of an ongoing transformation. With our professional team now working in a hybrid mode, and our science and research operations transitioning to the ADA Forsyth Institute in Massachusetts, the ADA no longer requires the same amount of office space. We were able to tour our future home at 401 North Michigan Avenue, which will be ready in early 2025. The new facility is designed to support hybrid work, enhanced technology, and ample meeting spaces, as well as providing employee amenities.

The proceeds from the sale of the building will remain in a quasi-endowment fund. The revenue generated will cover future lease costs and support the continued operational needs of the ADA.

New Dentist Committee (NDC) Update

The BOT meeting began with an engaging discussion with the New Dentist Committee. Dr. James Purvis is our 16th District NDC representative and he has represented us well during his tenure. The meeting centered around several important topics:

- **Communications & Message Management:** We discussed how to improve communications with our members, emphasizing timely and effective outreach. To this end, we've initiated video recaps of key BOT meeting highlights, which are shared on the ADA's LinkedIn and Facebook pages.
- **New Dentist Engagement:** How to improve engagement at both the state and local levels was another key topic, with a focus on supporting new dentists in their professional journeys.
- **Election Reform:** We examined potential reforms in the election process, aiming to create a more inclusive and representative environment.
- **Financial Concerns:** The cost of dental education and the impact of third-party insurance on practices remain critical concerns for new dentists. We will continue to address these challenges to ensure financial sustainability in our profession.

Association Management Software Update

In the fall of 2024, the ADA transitioned to a new association management software, Salesforce/Fonteva. However, we've encountered significant challenges since the rollout, including difficulties with payment processes, delays in accessing membership resources and a lack of reporting functionality. We understand the frustration this has caused, and we are committed to resolving these issues. The number one priority coming out of our February meeting is allocating the necessary resources to stabilize and improve the system. We know there is much work to be done to regain your trust, and we are fully dedicated to making the needed improvements.

Transition in ADA Leadership

A significant transition occurred during our February BOT meeting with the resignation of Dr. Raymond A. Cohlma as ADA Executive Director. Dr. Cohlma had been with the ADA since November 2021, overseeing important initiatives such as the integration of the Forsyth Institute and the expansion of collaborative relationships with dental academia and industry partners. The BOT has appointed Dr. Elizabeth Shapiro, D.D.S., J.D., as interim Executive Director while the search for a permanent successor is conducted.

Thank you for your continued dedication to our profession and for staying engaged in the ADA's work. The Board of Trustees remains fully committed to transparency. This is your ADA, and I want to hear from you.

- Email: mercerj@ada.org
- Cell: 803-960-2296

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Malpractice Minute- Dentist's Choice of Antibiotics Leads to Adverse Outcome for Patient

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



Dentists must make thoughtful decisions about which antibiotics to prescribe for patients. In this case study, a patient sees an endodontist for root canal therapy. After the treatment, the patient is hospitalized for severe abdominal pain following treatment with various antibiotics. Later, the patient sues the endodontist for negligence.

Key Concepts

- Implications of prescribing certain medications
- Roles and responsibilities of dental staff
- Disagreement between malpractice defense experts

Background Facts

S was a 43-year-old healthy woman who presented to her general dentist, Dr. A, with a 2-day history of increasing pain and buccal swelling adjacent to her upper left first molar tooth. This was her first visit to the dentist since the COVID pandemic, having shied away due to fears based upon online blogs that she often read. Following clinical and radiographic examination, Dr. A determined that tooth #14 had decay which had invaded the pulp, thereby causing an infection. Dr. A explained the dental options available to S, namely endodontic therapy (RCT), followed by a post and crown, or extraction followed by various potential restorative choices. S did not want to lose the tooth, so she opted for RCT.

Dr. A was fully supportive of that approach, but he did not perform molar endodontics as part of his practice, so he referred S to Dr. Y, a local endodontist with whom Dr. A had frequently worked. S was seen by Dr. Y the same day, and the root canal was performed. Purulence was discharged immediately upon Dr. Y having entered the pulp chamber. Dr. Y explained to S that she thought antibiotics were indicated, given the symptoms present, so she provided a prescription for Metronidazole, with instructions for S to return in a week.

On the third post-treatment day, S called the office and told the receptionist that, despite her taking the antibiotics, she had a fever and her swelling was persistent. The receptionist responded, without discussing the issue with Dr. Y, that this was not a concern because "this often happens." S was told to continue what she was doing and come to the office for her previously scheduled visit. At that visit, now a week after treatment, Dr. Y found continued and possibly increased swelling, so she changed the antibiotic to Clindamycin, and advised hot compresses and warm saline rinses. S complied and her oral symptoms abated, but she began to have blood-tinged loose stool 5 days later. She called the office again, and this time, she spoke directly with Dr. Y, who said that, because her oral condition was improving, she should continue the antibiotics for the remaining 5 days, telling S that intestinal problems frequently occur with antibiotics.

S followed that advice, but had severe abdominal pain 3 days after the prior conversation with Dr. Y, so she presented to a local hospital's emergency department. Based upon a complete clinical and radiographic work-up by an emergency physician and a gastroenterologist, S was diagnosed with a perforated colon due to pseudomembranous colitis (PMC). In conjunction with being given medications to counter the overgrowth of *Clostridium difficile*, she underwent a partial colectomy, with the colostomy reversed some weeks later, after a protracted hospital stay.

Legal Action

While still in the recovery phase, S retained an attorney. The attorney investigated a potential claim with the assistance of experts in the fields of endodontics and gastroenterology, who reviewed all of the records. A dental malpractice claim was filed against Dr. Y and her office entity, citing several assertions of negligent treatment, which had been set forth by the experts: (1) Dr. Y's initial antibiotic choice – Metronidazole – was an improper and inadequate choice, "because it only covers anaerobes, and the vast majority of dental infections have an aerobic component," (2) Dr. Y's use of Clindamycin, while likely providing coverage for the bacteria causing S's infection, did not come with a warning from Dr. Y of its potential severe gastrointestinal side effects, (3) the office receptionist's transmittal of medical advice without discussing the patient's concerns with Dr. Y was not only inaccurate, but it reflected poor office policy by vesting in non-dental staff members the authority to offer guidance that was well beyond the

knowledge base of an office administrator, (4) Dr. Y's "soft sell" regarding intestinal complications that can accompany antibiotic use revealed an inadequate acknowledgement of the potential severity of such complications and the need to quickly act, likely by referring her to a medical colleague, and (5) the sole causes of the PMC and the surgery undertaken as a result were Dr. Y's failure to recognize signs of Clindamycin's well known side effect and act upon it before it went as far as it did.

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Discovery and Case Resolution

After Dr. Y was assigned counsel by her malpractice insurance carrier, attempts to retain defense experts to oppose the opinions of S's experts took place. The potential endodontic defense expert was unable to refute the claims of negligence, and, in fact, essentially agreed with them. However, the potential defense gastroenterology expert was of the opinion that the timeline to support the plaintiff's causation claim was lacking because, while PMC can begin to show symptoms within a couple of days of the start of an antibiotic such as Clindamycin, that more commonly does not occur until a week or so later. This picture would have left defense counsel with what is often referred to as a "causation defense," meaning that because a plaintiff must prove negligence causing injury, the case would have to be upended with an expert argument that, although there were several negligent actions on Dr. Y's part, those actions were likely not the cause of the PMC. Rather, "something else was at play."

With the approval of the insurance carrier, defense counsel consulted with a second gastroenterologist to test the causation theory approach of the previously retained gastroenterology expert. This physician did not believe that the suggested model would be successful because it was not in line with the majority of current thinking.

After discussing all of these issues with Dr. Y, she agreed to have her attorney try to settle the case, and with the input of a mediator and approval of the carrier, that came to pass.

Takeaways

A dental practitioner's decision as to whether antibiotics should be prescribed in a given situation, and if so, which ones to prescribe, lies totally within the judgment of that practitioner, who is in the best position to make determinations based upon clinical conditions. We do not comment on those professional judgments, other than to point out that most jurisdictions' malpractice laws do not view "judgment calls" any differently than any treatment determinations or actions. In other words, "judgment calls" should align with the standard of care – what a reasonable practitioner would or would not do under similar circumstances. What we do speak to here is the concept that all decisions relating to treatment ought to be well thought out and able to be justified according to accepted science-based approaches to practice, rather than what is colloquially referred to as "junk science."

When it comes to prescribing medications, or treating a patient on medications with which the dentist is not particularly familiar, or planning/performing treatment upon a patient with medical abnormalities, the burden to familiarize with regard to all of those situations rests upon that treating dentist. That is not necessarily to say that such a dentist must develop a true level of expertise when it comes to all medications or all medical conditions, but it is to say that the dentist needs to have a reasonable understanding of the implications presented, and that the dentist might, therefore, need to consult authoritative sources or engage with the patient's treating physicians. If a patient is injured as a result of a treating dentist's lack of knowledge on medical or pharmacological matters, that dentist could well be held liable for those injuries.

It should come as no surprise that experts playing a role in malpractice litigation often legitimately hold differing, even opposing, opinions on issues critical to the lawsuit. When that occurs prior to trial, as it did here, experienced defense counsel will thoroughly evaluate its significance to try to determine whether those divergent views will realistically be able to be overcome, or whether it is likely to pose a concerning result when placed before a trial jury. The value of proficient defense attorneys cannot be overstated, both during the discovery phase of litigation and at trial.

Finally, we echo the lesson put forth by the plaintiff's endodontics expert as to the duties of the often numerous people carrying out widespread roles within a dental practice. There is no doubt that non-professionals in dental offices – receptionists, insurance filers, secretaries, office managers – are critical to the efficient running of dental practices. The limits of their roles need to be clearly established by the

dentists who oversee the day-to-day management, and spell them out to all employees. Most basic is that only dentists address dental (and sometimes medical) issues with and regarding patients, leaving the administrative tasks to administrative, non-clinical personnel. When non-dentists offer clinical advice, and harmful effects result from that advice, the legal principle of vicarious liability – errors on the parts of employees are viewed as though the employer erred – takes hold. Whether the employer is a dentist or an entity, the ultimate responsibility falls upon that “higher-up.”

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Note that this case presentation includes circumstances from several different closed cases, in order to demonstrate certain legal and risk management principles, and that identifying facts and personal characteristics were modified to protect identities. The content within is not the original work of MedPro Group but has been published with consent of the author. This document should not be construed as medical or legal advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions. MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and/or may differ among companies. © MedPro Group Inc. All rights reserved. 2/2025

Thank you Volunteers!



The event took place on Saturday, February 22nd had a wonderful turn out from our Dental Volunteers in Columbia. Eleven volunteers, three DA’s, one RDH and seven Dentists. They were great and 84 children’s dental screenings were done in Columbia. Columbia EdVenture had 1,341 visitors. Myrtle Beach had 237 in visitors.

Thank you to all of our Oral Health Volunteers!



SCDA Annual Session

By Phil Latham, SCDA Executive Director



The 2025 SCDA Annual Session is coming up fast. As a reminder, it will be held at the Columbia Convention Center, August 14th and 15th. Please be on the lookout for registration and available classes which should be opening in the next few weeks.

There will be two interesting classes that you may want to make sure you register for.

Frist, the Botox class returns which is a live patient training certification course designed to give you more than any other Botox course available, “The Complete Face,” is exactly that – COMPLETE. This course is the only Botox training that includes both upper and lower face cosmetic indications plus masseter and temporalis (TMJ) in one class.

In addition, new to this year’s meeting a Botox Refresher Course will be provided. Have you been trained in the past? Has it been a year or more since your last training? Or have you completed training and still don’t feel confident? All good practitioners know that updates and reviews are critical. Join us for this comprehensive didactic Botox presentation and bring your knowledge, techniques, and skills up to date.

REQUIRED: To enroll in this refresher course, you should have completed at least 6 hours of a foundational Botox course and 1 year of injection experience. This refresher course covers current information, theory, and anatomy and does not include a hands on treatment component. This is not a certification course.

Spots for both of these will be limited so sign up fast.

Second, a course for Sedation permit holders in South Carolina will be available as dentists are required to receive 4 hours of continuing education every two years directly related to pharmacology, anesthesia, emergency medicine and sedation. This course is designed to cover these topics extensively. It is designed to be a refresher for the current provider and to provide a summary of required credentials for those interested in incorporating 'sedation dentistry' into their practices. Emphasis will be on case selection, complication management, and strategies to promote safety and efficiency while treating the anxious and fearful patient. This course will be immediately followed by South Carolina’s Laws Regarding General Anesthesia and Sedation Permits.

Visit scaannualsession.com for more information!



MUSC Alumni Weekend

By Dr. Sarandeep Huja, Dean, James B. Edwards College of Dental Medicine Medical University of South Carolina



Dear SCDA member:

A big thank you to all those who came out for **MUSC Alumni Weekend!** I always look forward to this time with our alumni, which includes all SCDA members who received their training in South Carolina.

After the sold-out, first-ever, all-MUSC Alumni Weekend last year, we knew this year would be even bigger and better! The three-day weekend in Charleston was packed with CE, class reunions, a Golden Grads celebration for the class of 1975, updates on the college, campus tours of new construction, longtime friends, and new connections.

The **newly completed Dr. Richard and Stacy Boyd Lobby** was also dedicated. We are deeply grateful to the Boyd family and were delighted to celebrate their faithful generosity at Alumni Weekend.

For the first time since opening in the late 1960s the main entrance to the James B. Edwards College of Dental Medicine has been renovated! The made-over space is bright and welcoming. It includes a small gathering space for students and large screen to share current college news with visitors.

Dr. Boyd shared that they "wanted to be giving while living. Stacy and I immediately started to move our timetable for giving... to our family, some friends who needed it, to our schools and many others. No more waiting to die to give it away. Instead, we give with warm hearts not cold hands!"

MUSC Alumni Weekend 2026 dates will be posted at education.musc.edu/alumni/events/weekend when available. You can also stay connected with MUSC Alumni and MUSC College of Dental Medicine on Facebook and Instagram. And of course, my door is always open. This is an exciting time of innovation and expansion of education, research and patient care at the college. It is truly my honor to share updates with you, both at Alumni Weekend and here in the SCDA Bulletin. **Thank you for your ongoing commitment to dental education at South Carolina's one and only dental college.**



Dr. Richard "Reb" Boyd Jr., Class of 2020, Mrs. Mallory Harris, Ms. Ali Boyd, Dr. Richard Boyd, Class of 1982, Miss Georgia Harris, Mrs. Stacey Boyd, Mr. Mikey Harris, and Miss Louise Harris officially reopened the beautifully redone lobby.



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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.

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.

Well-known **pediatric dental** office looking for partner. Perfect for work/life balance, office is 1.5 hrs from the beach. Competitive salary, benefits, and practice buyout available. Motivated individuals looking to practice pediatric dentistry in the Pee Dee region, email CV and cover letter to stewartbryant2020@gmail.com.

Charleston: Non-profit Charity Dental Clinic seeking applications for Dental Director. Prefer an experienced mission-minded individual with a desire to use dentistry in a public health setting. Unique opportunity to mentor the next generation of dentists while making a difference in the lives of those in need. Negotiable salary and benefits. Please send resume to admin@northcharlestondentaloutreach.com.

Well established **school-based** dental program looking for dentists to work in rural areas of Allendale, Dillon and Manning. The program has fixed buildings located on school campuses and provides preventive and restorative services to students in K4-12th. This is a perfect supplement to income or for a retiree looking to work one or more days per week. Salary and mileage are competitive. Hours 8am-3pm. Call Georgia at (803) 300-7028.

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Irmo Smiles is a privately owned, multi-specialty dental practice located near Columbia. We are seeking an experienced FT Associate Dentist. The ideal candidate should be proficient in cosmetic and restorative dentistry, with an eagerness to step into a high-producing, patient-centric practice. Excellent compensation/benefits package offered. Interested applicants please contact Heather@irmosmiles.com.

Private dental practice in the **Greenville/Anderson** area looking for a FT or PT dentist. Great practice with growth potential. If interested send information to clemsondmd@gmail.com or bradwms@yahoo.com.

Seeking PT/FT GP with Sedation/surgical/implant skill and PT Oral Surgeon/Endodontist 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 comprehensive general dentistry. Please send CV to gillytooth@gmail.com

Charleston area, SC practice seeking PT/FT Associate Dentist- Opportunity in highly visible, established, busy, advanced digital practice located near Charleston SC. Must be proficient in all phases of general dentistry. Experience or GP residency preferred but not required. Competitive pay, 401k, high growth potential, with owner/ equity possibility. Focus on patient care delivering excellence. Send CV gillytooth@gmail.com

Fantastic opportunity for high earning potential in an established, highly visible, privately owned, growing and advanced general dentistry office. **Seneca** Family Dentistry is seeking a part-time or full-time Associate Dentist. Located steps from Lake Keowee and 10 min from Clemson. Experience preferred. Contact dmdword@gmail.com or 864-423-9190.

GoClear Orthodontics is searching for a proactive and innovative orthodontist to join our growing practice. Seeking PT (2 days) or FT (4 days to join Dr. Avey and our team, primarily to help grow or Forest Acres/Columbia SC location. Competitive base salary with production-based incentives. We offer major benefits for FT including 401k, health insurance, etc. Email dccavey@goclearortho.com for more information.

We are looking at hiring a FT General Dentist for our practice in **Irmo, SC**. The General Dentist would be seeing adults and some adolescents. We offer a competitive salary plus production bonus. Email Jael at om@irmokidsdental.com for more information.

Looking for a General Dentist to join our amazing 5 star team in **Florence, SC**. Strong patient flow in a family focused, established practice. Top notch benefits including health, retirement, paid malpractice, in house CE's including an implant residency. Quick path to partnership. Send resume to kasey.huber@guardiandentistry.com.

We are looking to add a new **Associate Dentist** to our team! If you're ready to join a practice that values work-life balance and provides a supportive, compassionate environment, we'd love to hear from you. Sign-on bonus: we offer a generous sign-on bonus to help you get started. Compensation: Earn 33% of production, with most dentists making between \$230k-300k per year. yatesw84@yahoo.com

We are looking for a FT General Dentist to provide quality, comprehensive dentistry in a busy, well established FFS private practice in **Florence**. Potential partnership opportunity. Mentorship in endo and implants. Send CV for compensation and benefits packages practice.manager1693@gmail.com.

Midlands Orthodontics needs an orthodontist to join our outstanding team Monday-Thursday. Our very busy state of the art office is located in Northeast Columbia. Dentist will have clinical autonomy. Compensation- guaranteed daily rate plus monthly bonus program. Benefits- health insurance, 401K, PTO, etc. Email ellis3dmd@gmail.com for more information

Join our team as an Associate Dentist! Lead patient care, promote oral health, and drive a positive office culture. Collaborate with office managers, guide staff, and provide top-notch dental services in a supportive, patient-centered environment. Must have DMD/DDS, valid license, and CPR certification. Located in **Columbia, SC**. lauren.nann@brushandfloss.com

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 recare/ 80min New Patients) Exceptional Pay!!!! Sign on bonus!! Please call/text 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 843-593-6428 Join the team. We are looking for More Dental Team members, both temporary (FT) and Permanent (FT) positions in SC, NC and GA! info@foxdentalstaffing.com

SCDA
120 Stonemark Lane
Columbia, SC 29210

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. Egelsoft & Dexis. 60min recare/80min New Patients/ 30 min child prophyl. Competitive Pay. All Proper PPE Provided. Please call/text 843-593-6428_ info@foxdentalstaffing.com

Chapin SC- Looking for a full time or part time hygienist. Office hours are 8-4 Mon-Thurs with an hour lunch break. Paid holidays and paid vacation for full time employees. We are a small family practice that has been established for over 23 years. Our patients and work family are amazing to work with. ediegoredmd@gmail.com.

West Columbia, SC- looking for a full or part time Hygienist to join our family practice. Fun, low stress environment. 401k, health insurance and monthly bonuses included. Call 803-755-3953 or email airportfamdentistry@sc.rr.com.

Practices/Office Space Available

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.

Million-Dollar Opportunity: **Beaufort County** GP located in a retail center with great visibility and ample parking. There are 5 ops in 1,600 sq. ft. with digital X-ray and Pan. This practice has 2,700+ active FFS/PPO patients. The practice operates on a 4 doctor and 8 hygiene workweek. Contact: AFTCO 800.232.3826

General Dentist Practice For Sale in Pawleys Island. General dental practice in the center of scenic **Pawleys Island** 6 operatories, open dental, stand alone building. 3,800 sq ft with lease back over term of 5+ years. doctorholladay@hotmail.com.

Columbia, SC Dental Practice for Sale Well-established general dental practice just 20 miles from Columbia, SC, featuring 5 operatories (room for 2 more), \$1.447M collections, and \$360k EBITDA. With 2,000 active patients, real estate available, and flexible transition options, this is a prime opportunity. Contact Professional Transition Strategies: bailey@professionaltransition.com or 719.694.8320. #SC11724

Coastal SC Dental Practice for sale. Wonderful practice for sale near the coast. 45 minutes from Beaufort and 1.5 hrs from Charleston. Collecting approx. \$1,200,000 in a stand-alone brick building on main thoroughfare with excellent visibility. This location offers an ideal balance between rural charm and coastal living. Contact Dr. Rod Strickland 843-290-8584 or rod@legacypracticetransitions.com.

N.E. Columbia Dentist looking to retire. Great opportunity to own your own practice and be your own boss. Dentist and great staff willing to stay and help with the transition. Practice and stand alone building for sale. Reasonable price! Brushandfloss@hotmail.com or 803-920-6669.

For-Sale **well established GDP** (between Charlotte and Greenville) Annual collections 1.27M (3 days Tues/Wed/Th) fee for service (no network). Experienced/certified staff willing to stay. 9 operatories stand-alone building-real estate also available. Modern well-equipped facilities- all digital. For detail contact coopdent69@gmail.com

For Sale

Circa late 19th to early 20th century wood and metal (beveled glass/shelves) **stand up cabinets**. Wood dental chair stool and wood fold up field dental chair. Instruments also available 803-781-3131.

For Sale: Antique oak **dental cabinet**. Marble top with multiple instrument drawers. Some pearl handle hand instruments included. Contact Charles Anderson 843-345-7268 \$2,500.