SOUTH CAROLINA DENTAL ASSOCIATION

Bulletin
April 2026
Volume 54, Issue 4

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Published by the South Carolina Dental Association

Design: Maie Burke

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ADA Lobby Day- Advocacy in Action

By Dr. Carol Baker, SCDA President

Each year, dentists from across the country travel to Washington, D.C. to participate in the American Dental Association National Lobby Day. This year's event was held March 22nd-24th. The event brings members of the ADA together to meet directly with members of Congress and their staff to discuss issues that impact our profession and patients. It is a powerful reminder that dentistry is not only practiced in our operatories, it is also shaped in the legislature.

As dentists, we dedicate our careers to improving oral health and advocating for our patients. However, many of the challenges we face, such as insurance reform and access to care, are influenced by public policy. Decisions made by lawmakers can have lasting effects on how dentistry is practiced and how patients receive care. National Lobby Day helps to ensure that the voice of organized dentistry is heard during those conversations. What makes this event particularly impactful is that lawmakers hear directly from practicing dentists. When legislators listen to dentists explaining how regulations affect their practices and patients, policy debates are given a face. They become real stories from the front lines of dentistry and give credibility to the issue.

Legislative advocacy is one of the most important functions of organized dentistry. The ADA and its state and local dental components work year-round to monitor legislation, build relationships with policymakers, and advocate for policies that support patient care and the dental profession. Those efforts are most effective when they are supported by active members who are willing to lend their voices and stay informed about issues that affect our profession. We have all heard the phrase, "If you are not at the table, you are on the menu." Lobby Day helps to ensure that our dentists and patients have a seat at the table. If we continue to have that seat, we need a robust membership. It is the responsibility of every member to become involved, share ideas, and grow this association. Organized dentistry and advocacy does not work unless we all do our part, this is not someone else's profession or someone else's association. It belongs to every member. It belongs to you.

If you hold a current South Carolina Dental License and are available to provide fill-in or locum tenens work, please contact.
Sue Copeland at copelands@scda.org or 803-750-2277

Colgate Dental Van Makes Key Change

By Phil Latham, SCDA Executive Director

After more than 15 years of dedicated service and impactful engagement within the communities of North and South Carolina, we are announcing a significant, strategic evolution regarding the operation of the Bright Smiles, Bright Futures (BSBF) program in the Carolinas region. This change is being implemented to maximize our program's reach and shift our focus to broader, sustained oral health education.

Key Change: We will be phasing out mobile van operations across the entire Carolinas market, covering both North and South Carolina. This transition will be completed during the first quarter of 2026. This decision reflects a shift away from providing direct, on-site clinical screenings and toward a model focused on mass-scale education and preventative care advocacy.

New Designation: Effective immediately, Charlotte, North Carolina will be designated as an "Awareness City." This new designation signifies that the local program's resources will be entirely redirected from mobile clinical services to comprehensive oral health awareness campaigns and educational outreach activities throughout the region.

Renewed Commitment: Our renewed focus within the Charlotte Community will allow us to scale impact through:

- **Shift to Prevention Advocacy**: Focusing exclusively on raising awareness and advocating for disease prevention, moving beyond the van's physical limits.
- **Dedicated Awareness Activities:** Significant participation in high-visibility community events, distribution of targeted educational materials (fliers/brochures), and proactive media engagement (news/radio/social media).
- **Virtual and Digital Support:** Leveraging online resources, virtual van visits, and interactive content for educational continuity across the region.

We appreciate the dedication of our local teams and partners and look forward to collaborating in this new "Awareness City" capacity to ensure brighter futures for the Carolinas' children and families.

EdVenture's Take Heart and Smile Event

EdVenture's annual ***Take Heart and Smile*** event is a fun, hands on celebration designed to help children learn about the importance of dental health in engaging and approachable ways. Families are invited to explore activities that promote healthy smiles, strong habits, and overall well-being.

This year's event took place this past February where children were provided free oral health kits.

The SCDA thanks Dr. Mary Metropol, Dr. Felicia Goins and Dr. Julia Mikell for volunteering for this wonderful event.

The SCDA continues to support EdVenture through Oral Health Education. There are many free resources available through the ADA: https://www.mouthhealthy.org/resources

In 2026, SCDA Members Will Be Saving on Products and Services such as:

- Accounts Receivables/Collections
- Appliances
- Business and Personal Credit Cards
- Computers and Technology
- Credit Card Processing
- Dental Embezzlement Protection and Investigation
- Dental Supplies
- Electronic Prescribing
- HIPAA and OSHA Compliance Training
- HIPAA Compliant, Secure Email
- Insurance Products and Services
- Interpretation Services
- Medical Evacuation
- Medical Kits
- Office Supplies
- Patient Financing
- Payroll Processing
- Precious Metal Refining

Visit the Member Savings page at scda.org for further information and free cost comparisons.

SCDA Member Benefits Group

Contact the SCDA at
803.750.2277
or by email at
scda@scda.org
to learn how much your membership could save you.

Continuing Education, Continuing Purpose

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

Dear SCDA member:

As we reflect on this year's Alumni Weekend, several moments highlighted the strength and direction of our college. The oyster roast and Lowcountry barbecue on February 28 were more than social events. The evening provided meaningful opportunities for alumni, their families, and current faculty to reconnect and strengthen relationships that make our dental community thrive. The conversations and camaraderie served as reminders that the bonds formed here extend well beyond graduation.

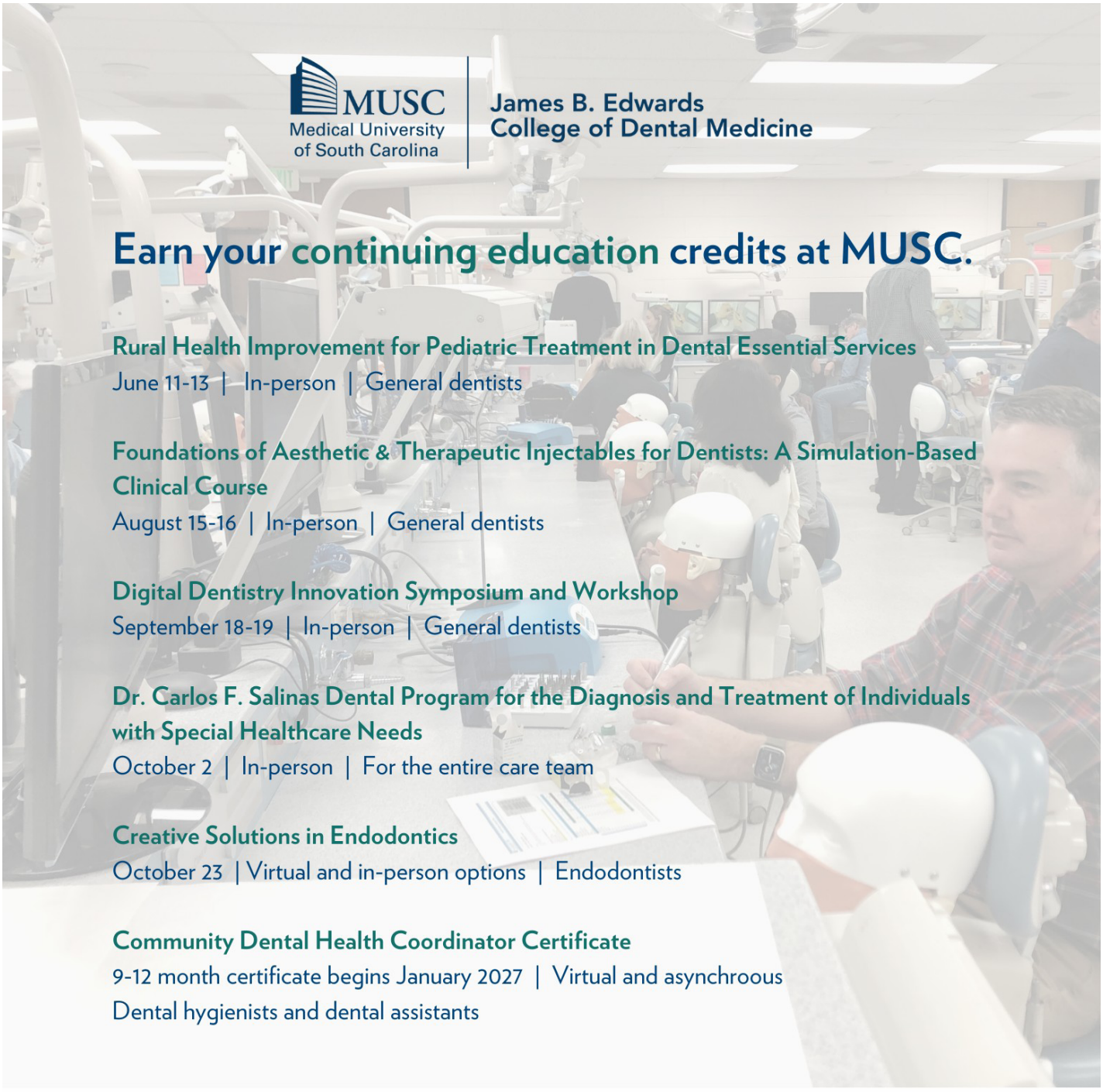
The Dean's Advisory Council met in-person for the first time. It is chaired by Dr. Jim Howell, vice chairs include Dr. Rick Dhillon and Dr. Benetta Bell, and the secretary and treasurer is Dr. Perry Stamatiades. We are grateful to all the council members.

We were pleased to introduce continuing education courses from our faculty specifically for practicing dentists. Dr. Fabio Rizzante, associate professor and assistant dean for innovation, shared practical tips for leveraging advanced restorative materials and digital workflows.

We also previewed more continuing education offerings in 2026. You can find our upcoming courses at https://dentistry.musc.edu/programs/ce.

Homecoming weekend also included an alumni board meeting, a memorial service thoughtfully organized by Dr. Charles Bumgardner (Class of 1986), class reunions, and I was delighted on Saturday morning to provide a strategic update on the college's initiatives to advance educational innovation, increase access to care, and prepare the next generation of oral health professionals.

We are deeply grateful for the pride that our alumni continue to take in the college. We are pleased to expand many of these relationships well beyond their time here, including shared involvement through the SCDA. Together, we continue to strengthen a professional community grounded in excellence, collaboration, and purpose.



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Should My Practice Be Surcharing Credit Cards?

By Phil Nieto, President of Best Card, an SCDA Endorsed Company

As payment processing costs continue to rise, many dental practices are looking more closely at their merchant statements and asking an important question: Is there a better way to manage these expenses? One strategy that has gained attention in recent years is credit card surcharging. While it can reduce overhead, it also introduces new considerations that practices should evaluate carefully.

What Is Surcharging?

Surcharging is the practice of adding a fee, typically up to 3%, when a patient chooses to pay with a credit card. The purpose of this fee is to offset the cost the practice incurs to process that transaction. It is important to note that debit cards cannot legally be surcharged, even if they are run as credit.

When a patient inserts or taps their card, the payment system identifies whether it is a debit or credit card. If it is a credit card, the system automatically applies the surcharge. The practice receives the full original treatment amount, and the additional fee paid by the patient covers the processing cost.

For some offices, this can significantly reduce or even eliminate monthly credit card processing expenses.

Rules & Compliance Requirements

Surcharging is permitted in most states, but it is highly regulated and requires strict compliance with card brand rules. Before implementing a surcharge program, practices must:

- Provide clear and visible notices at the entrance, point of payment, website, and billing statements
- Register their intent to surcharge with the card brands prior to implementation
- Apply surcharges consistently to all credit card brands
- Ensure the surcharge does not exceed the actual cost of acceptance
- Clearly itemize the surcharge on the patient receipt

Failure to follow these guidelines can result in fines or forced removal of the program. Because regulations can change, ongoing monitoring is essential.

Pros & Cons to Consider

Pros:

- Reduces or eliminates credit card processing expenses
- Protects practice revenue margins
- Encourages patients to use lower-cost payment methods such as debit

Cons:

- May negatively impact patient satisfaction or perception
- Cannot be applied to debit cards, HSA/FSA cards, or certain virtual insurance payments
- Adds administrative and compliance responsibilities
- May create uncomfortable financial conversations at checkout

In dental practices, where average ticket sizes are often higher than retail, even a 3% fee can feel significant to patients. Practices must weigh potential cost savings against the long-term value of patient loyalty and experience.

Is It Right for Your Practice?

There is no one-size-fits-all answer. For some practices, surcharging can provide meaningful financial relief. For others, traditional interchange plus pricing or negotiating lower processing rates may be a better long-term strategy.

Before making a decision, review your processing statements carefully and consult with a knowledgeable payment partner who understands dental workflows and compliance requirements. The right approach should balance savings, simplicity, and the patient experience, while keeping your practice protected.

As the trusted endorsed payment processing partner of the SCDA, Best Card works with dental practices every day to evaluate whether surcharging is the right fit. Our team can review your current processing structure, explain compliance requirements, and help you move forward with a strategy that supports both your financial goals and your patients' experience

Dental Malpractice Risks in Treating Obstructive Sleep Apnea

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

Description / Intro

Ever wondered what happens when dentists step into sleep medicine without the right safeguards? This real-life case study shows how an Obstructive Sleep Apnea (OSA) treatment went wrong – leading to broken appliances, unexpected costs, a dental board complaint, and a malpractice claim.

Key Concepts

- Practicing within your scope
- Malpractice litigation which includes Dental Board findings
- Attorney analysis in dental malpractice claims

Background facts

C presented to the dental office of Dr. M, based upon Dr. M's social media advertising that C's adult children had seen. At the time, C was 71 years old, obese with a large neck circumference, and, according to his wife, a frequent and loud snorer. Although retired, he often felt tired and struggled to get through the day without a nap. Upon meeting with his new patient, Dr. M expanded upon his online ads, explaining how he had managed many patients with sleep disorders that negatively and significantly had impacts upon their sleeping and waking lives. Dr. M initially suspected, based upon C's outward physical appearance and related history, that C was suffering from some degree of obstructive sleep apnea (OSA).

Dr. M did an oral examination, noting enlarged tonsils, a seemingly large tongue, dental wear consistent with bruxism, and mild mandibular retrognathia, all of which are frequent findings in patients with OSA. To work toward determining the validity of a presumptive OSA diagnosis, Dr. M suggested that C undergo home sleep apnea testing (HSAT) by using a kit that Dr. M was able to obtain from an overseas manufacturer and source. The process would involve C self-applying a device at home – just prior to going to sleep – with a number of sensors that measure parameters associated with assessing oxygenation, airflow, and breathing effort/patterns, among others. Dr. M explained that, if the OSA diagnosis was confirmed, he would be able to treat C dentally and reduce his life-disrupting symptoms. C was fully on board.

Dr. M obtained the HSAT device, instructed C on its use (which would involve applying it for only one night), and asked him to return upon its completion so that he could analyze the raw data. C did as he was asked, leading to Dr. M diagnosing what he characterized as "moderate to severe OSA." Dr. M fabricated an acrylic oral appliance to be worn while sleeping, the stated purpose of which was to pull the mandible and tongue forward, thereby opening the oral airway space and keeping it that way during sleep. After wearing the device for several weeks, C (and his wife) saw no benefits; rather, C was experiencing TMD-type muscle pain, which was new for him. Dr. M's response to C was that the process takes time, so he should continue on.

At approximately 3 months after the appliance was first used, C suddenly awoke to severe coughing and feeling a sharp edge on the appliance, which had clearly broken into pieces, likely (according to Dr. M's later statements) due to C's heavy bite and grinding. C was unable to locate some of the broken pieces, and he had persistent coughing and sharp pain in his throat. An emergency room physician determined that C had swallowed a few pieces of cracked acrylic; an endoscopy under general anesthesia was required for their removal, after which C remained hospitalized for a day, to be certain that there was no latent bleeding from the esophagus or stomach. His discomfort remained for some time, and he never returned to Dr. M for a new appliance to be made.

C submitted his bills to his medical and dental insurance carriers. While some of the hospital costs were covered, neither carrier reimbursed for Dr. M's fees, stating that Dr. M was not the type of provider fit to diagnose OSA without collaboration with a physician; as such, the high costs of the HSAT, the dental work-up, and the appliance had to be fully borne by C.

Legal action

C was upset about the costs that he had not anticipated, so he sought out a lawyer's opinion as to whether and how they could be recovered. In speaking with the attorney, the discussion led to C's "choking"

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experience, his hospitalization, and his subsequent discomfort.

Both agreed on an approach to sue Dr. M for dental malpractice (in fabricating the type of appliance that would be subject to breakage – and its consequences – due to C's known bruxing tendencies), and filing a Dental Board complaint, employing the concepts C heard from the insurance companies, that Dr. M had practiced beyond his lane. C's attorney was of the view that a Board finding against Dr. M, for essentially practicing outside of the dental profession's limits, would help the cause in the parallel malpractice case.

The attorney was correct. Following a Board hearing, at which Dr. M was represented by the attorney defending the malpractice case against him, Dr. M was sanctioned, with the Board determining that, in the State where Dr. M practiced, dentists are not permitted to diagnose OSA on their own, with that being solely within the purview of physicians; the Board reasoned that OSA is a medical (not dental) diagnosis, and while dentists may properly treat OSA using dental modalities, the process of testing and analyzing test results is not part of the practice of dentistry. Concerned about the potential impact of that finding by the Board upon a malpractice trial jury, Dr. M agreed with the suggestion of his attorney that the malpractice case should be settled, which it was. The monetary amount of settlement was modest, given that it was limited to the actual out-of-pocket medical and dental costs, a relatively small degree of pain, and the lack of any permanent injuries.

Takeaways

States might differ as to what they consider to be within the bounds of dentistry, and that might sometimes be even more tailored based upon specialty training and experience. As an example, treatment of the zygoma might be acceptable for an oral surgeon, but perhaps not for other dental practitioners. The bottom line is that dentists are wise to check into definitions of the "practice of dentistry" prior to engaging in areas outside of what is thought of as "traditional" dentistry. The same goes for related diagnostic testing, as explained in this case study by the Board. It is worth noting that it is far from unusual that an acrylic oral appliance might break due to occlusal stresses, which would most likely not be negligent (although it might be argued as such here in the face of C's bruxism); but bruxism aside, the difference here is that the breakage event took place as a by-product of – at least according to this Dental Board – a rule violation, which some lawyers might refer to as negligence per se, giving the malpractice case an entirely new complexion (, one that can be explored more deeply in a future case study).

Specifically with regard to the facts involved here, and as obvious as this sounds, OSA is a serious medical condition, with general systemic implications that go well beyond dentistry. If the facts of this case study were to have changed, such that, instead of the injury being a broken acrylic appliance and its associated complications, C had suffered an MI or a stroke as a result of inadequately addressed OSA that was thereby allowed to worsen, the results for both C and Dr. M could have been far more severe.

While often overlooked, a significant driver of malpractice claims is a money-based issue, whether it is fees seen by a patient as excessive, or non-reimbursement by a health insurance carrier (as here), or attempts by a dentist to collect unpaid fees, or unanticipated subsequent costs, or prolonged time out of work so as to cause loss of income. Looking below the surface, it is not necessarily only these financial considerations that come into play in malpractice lawsuits; they may well serve as the basis for a patient to seek legal counsel, which then extends to more avenues of investigation, which then leads to different and more components to the suit. Money disputes can spur a patient's initial actions, but they are often not the end of the story.

We end with some thoughts about the analytical processes engaged in by attorneys, who are significant players for both the patient-plaintiff and the dentist-defendant. Attorneys for plaintiffs, especially those who are seasoned, understand, and often apply a multi-pronged approach against dentists on behalf of their clients. That might be seen by some as a "whatever sticks to the wall" tactic, which can be distasteful to defendants. This is far from unusual, particularly at the start of cases; as cases mature, though, the stronger aspects remain, while the weaker ones fall away: the discovery component of litigation is a critical factor in developing the points of focus which will be the heart of the trial. C's attorney reasoned, in good faith (as attorneys are required to do), that the pressures placed by both a Board action and a malpractice suit would work to his client's benefit in the end; that is not always the case, either in approach or result, but defendant-dentists ought not be surprised if they find themselves on the receiving end.

Attorneys for defendants go through their own analyses, sometimes to answer strategies by their

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counterparts, but other times to steer the ship independently, which can effectively thwart the actions of plaintiffs' attorneys and take them away from planned techniques. The world of litigation is cat and mouse, working with facts, law, and personalities. All told, litigation styles are unique, with those employed in a given case needing to comport with the available facts, the law, and the people involved. It is complicated but rarely dull.

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. Nothing contained in this article should be construed as legal, medical, or dental advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your personal or business 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. 03/2026

Classified Ads

Dental Related Services

Intraoral X-Ray Sensor Repair/Sales- We repair broken sensors. Save thousands in replacement costs. Specializing in Kodak/Carestream, major brands. We buy/sell sensors. American SensorTech 919-229-0483 or www.repairsensor.com.

Local Tenens

Fill-In Dentist Available: Leave your practice in good hands. Twenty years GP experience with 10 years of locums work. Covering mainly upstate and midlands. Let your hygienist work while you vacation. Call or text 864-871-4774.

Positions Available - Dentists

St George/Santee/Holly Hill, SC- Looking for dentist to expand our staff at growing dental group. 4-5 days per week. Prefer to live within 25 miles of practice. 10 dental hygienists/23 op practice. Contact 843-560-2226 or drscottgarris@gmail.com.

Come work with us and achieve greatness. We are seeking a PT 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.

Flexible job opportunity for dentist seeking PT or FT work. We are a privately-owned general dentistry practice located in the Market Commons area of **Myrtle Beach**. We are seeking a compassionate dentist to work with adults and children of all ages. If interested in joining our team, please contact happyteethmb@gmail.com for more information.

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

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 for a FT General Dentist to provide quailty, 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.

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

Myrtle Beach- This is your perfect job! Unlimited potential! $400k++ Only the best candidates with compassionate care need apply. All premier technology... scanning, milling, CBCT. We need a laid back dentist competent with implants, endodontics, surgery, large fixed/removable, and general dentistry. Working days M-TH. Achieve high production levels, without the pressure!!!! craigmilburndmd@gmail.com.

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

Large and established private general practice in **York,** SC seeking PT Associate Dentist. Opportunity to go FT. Must be proficient in all aspects of dentistry. Send resume to office@yorkdentalgroup.com.

We are a well established, mostly FFS with Delta exclusive only office. Seeking a **PT associate** to join our team for 2-3 days a week. Hours are 7:30-4:30. We have Itero, CBCT. We're looking for a dentist who values patient relationships, quality care and supportive team environment. Ideally at least 1 year of experience is required. Please send your resume to pc@southlakedentistry.com.

We are seeking an experienced FT or PT Associate Dentist for our growing privately owned, multi-speciality dental practice in **Irmo**. This is a fantastic opportunity to step into a high producing, patient-centric practice with excellent compensation/benefits package. Please send resume to heather@irmosmiles.com.

Small private office located in **Irmo**, SC looking for a General Dentist PT or FT. We offer a daily guarantee of percentage of adjusted production whichever is greater. You have a lot of autonomy in this office. We would love someone who wants to enjoy dentistry and not worry about the stress of running the office. Email CV to sodacitydental@gmail.com

We're a private practice just outside of Charlotte, NC looking to add another **associate dentist**. We consistently are seeing 90+ new patients each month, all are PPO insurance and fee for service patients. We have a great team and great hours. Please contact us if you might be interested info@bridgemilldentalcare.com!

Positions Available- Staff

Busy private Greenville, SC dental office looking for a FT or PT **RDH**. The ideal candidate will have a professional image and excellent communication skills. Infiltration cert is a plus. Must be committed team player and dependable. 34 hours, excellent pay and work schedule and benefits tailored to your needs. office@julianthomasdmd.com.

Sumter Family Dental, a busy, full digital practice located near scenic Swan Lake seeks an **RDH** to complete our team. Offering competitive pay, 401(k) matching, health and vision insurance, free family dental care, PTO and paid sick/vac. We follow all recommended PPE protocols, prioritizing patient/staff safety. sumterfamilydental@gmail.com.

Bella Vista Dental in **Greenville SC** is seeking Full Time Associate Dentist. We are a multilocation dentist owned group with an emphasis on high quality patient care. All offices are located within 10 miles of downtown Greenville. Modern state of the art facilities along with IV Sedation and in house implant placement are performed. Mentorship opportunity may be available if desired. Kennedy@bellavistadentalsc.com.

Practices/Office Space Available

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

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. coopdent69@gmail.com

Located near **Charlotte, NC** this established general dental practice features four operatories, 875+ active patients, and strong referral-driven growth. With $580K in collections and $102K+ take-home, it's ideal for first-time buyers or expansion. Contact PTS at 719.694.8320 or bailey@professionaltransition.com

Pediatric Dental Practice for sale with collections of $1,056,785 located in **Greenville County**, SC. Fee for service practice with owner looking to retire and transition the office to another pediatric dentist. Practice utilizes Eaglesoft and has prime real estate available for lease or purchase. Asking price is $850,000. Contact Jesse Koski at jkoski@rosendentaltransitions.com.

For Sale: 410 Pelham Rd, **Greenville** SC. 6,000 sq ft 2 story building (3,000 sf first floor- 3,000 sf second floor) dentist office layout. .92 acres with free on-site parking. Contact: lnicholson@windsoraughtry.com/ 864-270-2706.

Specialist- New modern dental office in **Rock Hill** has two equipped treatment rooms available for sublease includes utlities, internet, one doctors office and one front desk. 24/7 access and space is shared with a general dentistry practice. Please email dan@webberdentistry.com.

Coastal South Carolina Dental Practice for Sale- Established general dental practice located within two hours of Charleston, serving a desirable coastal market. The practice features nine operatories, approximately 2,860 active patients, and averages 30 new patients/month. Collections total $1.042 million with $380,000 in SDE. Contact PTS to learn more: 719.694.8320 or bailey@professionaltransition.com

Available for sale is a profitable periodontal practice in the **Greenville-Spartanburg** area of South Carolina. 2025 collections were nearly $1 million on a four-day schedule. The 2,200 sq. ft. stand-alone building includes four operatories and updated technology, including a CS 8200 3D Neo Edition. Seller will assist post-sale transition. transitions@mcgillandlyon.com.

Laurens SC- Turnkey dental practice below market value. Over 2,100 sq ft dental office with over 75 years of community trust. Located within walking distance of historic downtown Laurens, SC. This practice sits in the heart of charming southern community. Office offers two ready to use operatories, 4 rooms primed for expansion and a digital panoramic x-ray. Walk in hang your degree and start practicing. www.518harper.com.