



SOUTH CAROLINA DENTAL ASSOCIATION

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A Meaningful Partnership with MUSC-Dean Huja

By Jim Howell, DMD, SCDA President



Thank you for an amazing year!

As we come to the close of another year, I want to take a moment to express my heartfelt gratitude for each of you. Your dedication, enthusiasm, and willingness to contribute to the SCDA have been invaluable, and it's because of members like you that we've been able to achieve so much this year.

Thank you for being an essential part of the SCDA journey. Your commitment and efforts have not only helped this organization grow, but also strengthened our community.

I look forward to all the successes yet to come under Dr. Deidre Crockett as SCDA President which starts next month.

Joining Dr. Crockett are the following new board members: Dr. Michael Lee, Dr. Leslie Jordan, Dr. Tiffany Karkanen, Dr. Scott Balzer and Dr. Daniel Hall.

Please join me in congratulating and welcoming them - I hope you will continue to support them and their work for the SCDA as you've done for me this year.

Thank you for supporting me and my tenure as your president. Before I go, I'm happy to share with you my top five favorite highlights from the SCDA this year.

Wishing you a joyful and restful holiday season, and a wonderful New Year ahead.

Jim Howell
SCDA President, 2024

#5 PRESIDENTIAL CITATIONS

At the SCDA House of Delegates, Dr. David Watson was presented with a Presidential Citation for his tireless commitment, contributions and encouragement.

Dr. Jim Mercer was presented a Presidential Citation for his significant contributions of time and dedication to SCDA.

#4 HONORED THE LEGACY OF THE ADA BOARD OF TRUSTEES FROM THE 16TH DISTRICT

South Carolina shares the four-year rotational role of Trustee with the other states in the 16th District - Virginia and North Carolina. In the last 40 years, we have only had four ADA Trustees from our state - a true honor for our state and our profession.

Those ADA Trustees from South Carolina - Dr. Jim Gaines, Dr. Carroll Player, Dr. Hal Fair, and the incoming Trustee Dr Jim Mercer - have been (or will be) critically important to how we practice dentistry across our state.

#3 WE RECOGNIZED THE POWER & POTENTIAL FOR WOMEN IN THE SCDA

For Women's History Month in March, we were honored to celebrate the women of the SCDA, including interviews with Julia K. Mikell, DDS, past president of SCDA and South Carolina state board member, as well as Deidre B. Crockett, DMD and current incoming president of SCDA.

There remains a tremendous opportunity to continue to support women in dentistry, and here's why:

- Over the last several years, the Medical University of South Carolina (MUSC) College of Dental Medicine graduating classes have been 50% female.
- There are 38,173 dental practices owned and operated by women in the U.S. - only 784 of those practices are in South Carolina.
- When it comes to SCDA membership, 2024 is seeing the highest number of active, renewed female members over the last several years with 446 members; that number is "up" from last year's 384 active and renewed female members.
- DID YOU KNOW: Cathy Moss was the first South Carolina female dentist to graduate from MUSC College of Dental Medicine - she graduated in 1973.

#2 18 MUSC STUDENTS AT ADA DENTIST & LOBBY DAY IN WASHINGTON, D.C.

ADA Dentist & Student Lobby Day was held in Washington, D.C. April 7-9. The SCDA was proud to have 18 MUSC student participants present and active in the annual event.

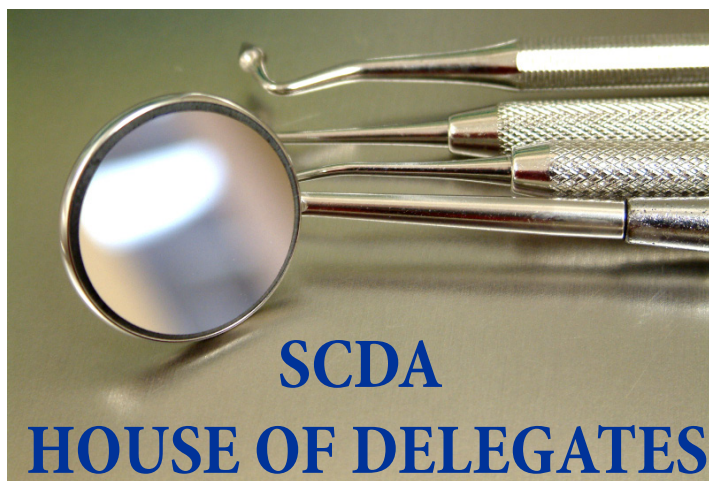
The students visited the House of Representatives offices and Senators' offices with dentists to speak with their respective staff about three bills for which they were advocating.

#1 THE MOST SUCCESSFUL ANNUAL SESSION TO DATE

The 155th Annual Session in Greenville, SC in August was our organization's most successful event to date.

Here are our favorite highlights from the event:

- There were 1,300+ registrations for this event and 543 NEW ATTENDEES, who had never experienced an SCDA Conference.
- More than anything, we were impressed by the diversity in our attendees.
 - 334 SCDA dentists
 - 40 Retired SCDA members
 - 183 Hygienists
 - 181 Dental Assistants
 - 38 Dental Students
 - 20 Hygiene and Dental Assistant Students
 - 21 Full-time Dental School Faculty Members
 - 108 Business Officer Personnel
 - 28 Conference Speakers
 - 214 Exhibitors
- The advocacy lunch recognized one of our region's best, Dr. Jim Gaines.
- The silent auction was the most successful auction event in almost a decade with \$11,000+ earned.
- All hands-on courses were SOLD OUT.



Friday, December 6th

Registration 8:30 am

House: 9:00 am

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Corporate Transparency Act Filing Deadline Approaches

Published in ADA News, November 13, 2024

Dental practices must file beneficial ownership reports by January 1, 2025.

Small businesses that meet certain requirements — including many dental practices — must file beneficial ownership information reports by Jan. 1, 2025 before facing penalties.

Enacted in 2021, the Corporate Transparency Act aims to mitigate money-laundering operations posing as businesses. It requires qualifying businesses to report information to the U.S. Department of the Treasury's Financial Crimes Enforcement Unit about their ownership. The law went into effect Jan. 1.

Dental practices must file under the Corporate Transparency Act if they employ fewer than 20 people or if they generate less than \$5 million (gross receipts) in revenue annually.

Existing practices will need to report information on both the practice itself, including the legal name, trade names, current address, jurisdiction and tax ID number; and the beneficial owners, including the name, date of birth, residential address, and a valid ID number of either a driver's license, passport, or state ID, as well as a copy of the form of identification used.

But what constitutes a beneficial owner?

According to the statute, a beneficial owner owns or controls at least 25% of the business, or exercises substantial control over the business. "Substantial control" includes senior officers of a business, as well as anyone with significant influence over important decisions.

The ADA, which created a [FAQ](#) document to help dentists with questions about the Corporate Transparency Act, recommends consulting legal counsel when making determinations on beneficial ownership. ADA has also worked with many other small business groups to advocate for delays to Corporate Transparency Act reporting requirements, but a bill to delay these filings that nearly unanimously passed the House has not yet been taken up by the Senate.

Failure to file a report can result in civil and criminal penalties. Civil penalties include fines of up to \$500 per day until the violation is fixed. Criminal penalties include fines of up to \$10,000 and/or imprisonment for up to two years.

For more information or to file a report, visit fincen.gov/boi. FinCEN's [Small Entity Compliance Guide](#) walks small businesses through the requirements.

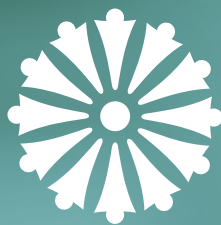
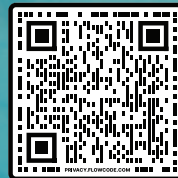


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Lack of Detail in Chart Entry Hinders Dentist's Malpractice Defense

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

In dentistry, documentation is an essential element of practice, not only for accurate treatment but also for risk management. In this case study, the lack of detail in a dentist's chart entry denoting a patient's treatment impacts the outcome of a malpractice case brought against her.

Key Concepts

- How documentation can protect dentists
- Staff education and management
- What to include in chart entries

Underlying Facts

D, a 34-year-old man, presented to his general dentist, Dr. Z, with a recent and ongoing complaint of pain while biting down on his "lower right back teeth." Dr. Z clinically examined her patient and found the first molar, tooth #30, to be exquisitely tender to percussion and tender to palpation in the mucobuccal fold, where slight swelling existed. Radiographically, #30 had an older 3-surface restoration which appeared very close to the pulp chamber; the periapical area adjacent to the mesial root showed some minimal radiolucency, but Dr. Z was not entirely certain as to whether that represented a true early lesion or an artifact. Pulp testing results were equivocal.

After explaining to D what she saw his options to be, Dr. Z, with D's approval, prepared to perform root canal therapy on tooth #30. Dr. Z says that she then went on to discuss the risks and benefits of endodontic treatment. With local anesthesia and rubber dam isolation, Dr. Z completed the root canal therapy, taking a radiograph following obturation. Dr. Z's chart note for the visit read, in its entirety, "RCT complete #30 with local."

Two days later, D called the office, complaining about increased pain and mild swelling. Dr. Z was not in the office, so the receptionist told D that these were expected to occur and asked D to come to the office in 5 days, as previously scheduled. Two more days after that, D noticed a further increase in swelling and some swallowing difficulty, so, on the advice of a family member, he went to a local hospital emergency department. Following a work-up, D was admitted with a submandibular space abscess, placed on IV antibiotics, and taken to the operating room for a submandibular incision and drainage and extraction of tooth #30 under general anesthesia. He remained intubated in the surgical ICU for a day and was then transferred to a hospital room following extubation, where he continued to improve until discharge in 3 days.

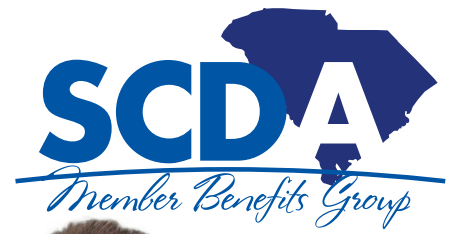
Soon thereafter, D began to treat with a different dentist, Dr. L, who advised D that, because of the local loss of alveolar bone from the infection, he was not a candidate for an implant but would instead need a fixed 3-unit bridge to replace the lost tooth. The bridge was fabricated without complication, and D remained comfortable and able to function well. He did, however, have 2 scars near the right inferior border of the mandible, which caused him to be self-conscious.

Legal Action

D wanted to explore legal action against Dr. Z for dental malpractice, so he retained an attorney to look into the possibility. As soon as records were gathered, the attorney forwarded them to a general dentist who was experienced as an expert in dental legal matters. The expert commented that he was "appalled" by the brevity of the chart entry, saying that it gave literally no information about how the procedure was planned for and performed. The attorney knew that this also meant that Dr. Z would have a difficult time providing those details in what would be several years after treatment by the time the case would come to trial. The expert provided various opinions to the attorney regarding the care of D by Dr. Z, citing a number of departures from the standard of care: failing to obtain adequate informed consent, instituting endodontics immediately rather than prescribing antibiotics beforehand so as to allow the area to calm down, failing to prescribe antibiotics following the completion of the procedure, and allowing the receptionist to extend medical advice to D without any input from Dr. Z. All of these departures, according to the expert, were substantial factors in causing D's damages – hospitalization, I&D, tooth loss, lost time from work, and scarring with its after-effects.

After being served with papers, Dr. Z advised her malpractice insurance carrier, which assigned counsel to defend the case. As depositions and other discovery proceeded, Dr. Z and her defense counsel discussed options for resolution of the case. Dr. Z believed that she had acted appropriately at every step, but she saw how the patient's expert could paint a very critical picture to a jury, especially with the lack of detail in her chart entry. Her counsel suggested that all parties go in front of a mediator, to hear how a disinterested third-party might see things. Dr. Z agreed. At mediation, the mediator, after hearing all positions and seeing the relevant documents, spoke with Dr. Z and her counsel alone. The mediator expressed to Dr. Z a big concern about how tenuous a court and jury could see detailed testimony about events years prior, based solely upon such a scant procedure

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note. The mediator was also taken aback that medical advice – which turned out to be harmful – was transmitted to a patient by Dr. Z's professionally unqualified agent without Dr. Z's input. The defense attorney argued to D's attorney that most of D's potential trial positions could be countered by the defense's planned expert, who was highly credentialed. With the mediator's assistance, and with the carrier's authority and Dr. Z's consent, the case was settled that day for an amount substantially below that which the patient's attorney had previously said was "rock bottom."

Takeaways

Dentists must always walk a fine line as to the detail they enter into their charts. While, on one hand, it is nearly impossible and often impractical to detail every single step of every single procedure performed and conversation had, it is also inadequate to sum up D's treatment visit with Dr. Z by recording only "RCT complete #30 with local." That entry failed to include Dr. Z's radiographic and clinical findings, the informed consent process, the method by which local anesthesia was obtained and the agent(s) used, the techniques employed (file sizes, filling material, cement), and Dr. Z's diagnostic approaches and reasoning for steps both taken and not taken, just to name a few deficiencies. To walk that fine line, a reasonable rule of thumb is to include in a chart entry enough information so that another dentist would be able to understand exactly what took place, simply by reading the note, without any discussion with the dentist or patient. A judge once said to a jury and to this author as trial attorney, mid-trial, "ladies and gentlemen of the jury, if it wasn't written, it didn't really happen." Some tough words!

This case incorporates a litigation step which has not often been discussed in this series, that of mediation. While some jurisdictions require it, many others do not; in those that do not, mediation usually comes about only by an agreement between the parties to so engage. But the value of having an experienced intermediary – often a retired judge or attorney – to hear and see what a jury would eventually hear and see and offer insights in an informal environment, cannot be overstated. It is far from uncommon that parties emerge from mediation with a wholly different understanding of the positives and negatives of each party's positions. This is not to say that all mediations result in settlements, or that all lead to changes in litigation strategy, but these sessions frequently offer perspectives – often more to the litigants than to their attorneys – not considered prior.

Dentists spend their work days treating patients, not answering telephones. The latter is usually left in the hands of office staff. While office staff provide critical and invaluable roles in office public relations, billing, scheduling, and general management, they are not trained as healthcare professionals, and they are not the people appropriately qualified to offer advice about medical or dental conditions. That task is within the sole purview of dentists and other healthcare providers. Here, the receptionist's advice led to a delay and likely worsening of D's infection. The problem with that from a legal standpoint is that most jurisdictions will view the actions of an employee as though they came directly from the employer; the concept is known as vicarious liability, making the dentist liable for any improper advice from the receptionist.

We conclude with a brief discussion about antibiotics. It lies within the dentist's clinical judgment as to whether and when to prescribe antibiotics. Also noteworthy is a fairly recent and growing push by dental groups, authors, and academics, clearly recognizing what some might view as a past tendency for dentists to incorporate antibiotic use in their treatment approaches too frequently, that antibiotics should be prescribed in a more judicious way. But in the end, the treating dentist has the best seat in the house to be able to make that determination. That does not mean, however, that experts in litigation settings will not freely criticize defendant dentists, both for prescribing antibiotics when the expert believes they should not have been given and for not prescribing them when the expert sees a need for having done so. Such is the world of litigation. Here, the expert was critical of Dr. Z's failure to prescribe, so that would have been an issue for a trial jury to resolve, but the details which led to her decision was lacking from her chart entry, creating a likely uphill battle for herself.

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SOUTH CAROLINA

DENTAL ASSOCIATION


Pay Your Dues Today!

It's time to renew your dues with the South Carolina Dental Association (SCDA) and the American Dental Association (ADA)!

The ADA recently upgraded their database management software. To renew your 2025 dues online, please visit your [ADA login page](#) and change your login to an email address instead of your ADA number. If you have issues logging in please use this guide [ADA New Login Credentials FAQ](#) or contact the ADA Member Service Center at 312-440-2500 or msc@ada.org.

If you have any additional questions or have moved or retired, please let me know.

Wishing you and your family a safe and wonderful holiday season and we look forward to working with you in 2025!

 **SOUTH CAROLINA**
DENTAL ASSOCIATION



Dues Renewal Time!

**2025 Dues Renewal
Notices were recently emailed
to all SCDA members!**

**Questions?
Contact Maie Burke
at burkem@scda.org!**

www.scda.org

Approved Procedures of Dental Assistants and Expanded Duty Dental Assistants

By Phil Latham, SCDA Executive Director



The South Carolina Dental Association (SCDA) Awards were presented on Friday, December 6, 2024, during the SCDA House of Delegates meeting.

The Meritorious Achievement Award was presented to Dr. Joe Vuthiganon who serves as a professor at the James B. Edwards College of Dental Medicine.

For nearly 20 years, Dr. Vuthiganon has served as a mentor for fellow colleagues and the student body. He is reviving the college's chapter of Student Professional and Ethics Association in Dentistry and supports the students to be committed to a lifelong ethical behavior in order to benefit the patients they serve and further the dental profession.



Dr. Vuthiganon leads several committees, is a fellow in the Pierre Fauchard Academy and the Academy of General Dentistry and is a member of the Omicron Kappa Upsilon Dental Honor Society. In addition, Dr. Vuthiganon assists in research and health care delivery and serves as a member of the Waring Library Society.

"Dr. Joe Vuthiganon truly is leaving his mark in the dental community in the State of South Carolina", Dr. Tariq Javed wrote in his nomination letter. Dr. Javed also mentioned that "the dental community is a better place because of Dr. Vuthiganon. He is leaving a remarkable legacy that will be remembered long after he is gone."

The SCDA presented two Dental Team Member Awards. The first was presented to Ms. Melissa Kerr of Catawba, SC. Ms. Kerr has served in the dental office for over 30 years and is a dedicated employee. Dr. Chelsea Anderson wrote in her nomination letter that "Ms. Kerr is "the definition of a team player." Dr. Anderson added that Ms. Kerr "would be described as the glue that holds the dental office together."



The second Dental Team Member Award was presented to Ms. Diane Clyburn of Columbia, SC. Ms. Clyburn is a hygienist who has served for many years as both a dental assistant and a dental hygienist. She is also a clinical hygiene instructor at Midland Technical College. Dr. Dana Kahaly wrote in her nomination letter that Ms. Clyburn "has excellent skills and superior work ethic." Dr. Kahaly added that Ms. Clyburn is a "wonderful example for her peers and students."

President Howell also presented two Presidential Citations to Dr. David Watson and Dr. Jim Mercer

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MUSC Innovation Lab Lets Students Learn Entire Digital Workflow

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



Dear SCDA member:

Dr. Jim Howell, SCDA president, and SCDA officers and leadership visited us at MUSC on October 28 for a fruitful discussion on our continuing collaboration.

We were joined by current president Dr. Jim Howell, Dr. Carol Baker, Mr. Phil Latham, Dr. Monica Cayouette, and Dr. Jim Mercer (Trustee), representing the SCDA, and Dr. Doug Alterman, Dr. Joseph Gambacorta, and Dr. Fabio Rizzante, representing the James B. Edwards College of Dental Medicine.

I am pleased to share with you the following updates on **shared SCDA and MUSC objectives**:

The MUSC ambassador role will continue in 2025 with a new liaison, Dr. Monica Cayouette our full time faculty. Together we wish to expand our mentoring program, linking each MUSC JBECDM students with SCDA members and/or our alumni. We also continue to partner in providing rich opportunities for continuing education and addressing current and future workforce challenges.

The affiliate faculty who work directly with our third- and fourth-year dental students and our patients make a meaningful difference. Similar to the workforce shortages of assistants and hygienists, there is a large number of open faculty positions nationally and an unprecedented number of new dental schools on the horizon, 14 by some estimates. In addition to giving the students the opportunity to learn from a variety of practitioners, many of our patients come to us to receive care they can't afford elsewhere.

If you are interested in **joining our affiliate faculty**, please reach out to one of the contacts below:

Department of Advanced Specialty Sciences

Division of Surgical Services & Applied Technology (Oral surgery and prosthodontics/digital)	Dr. Martin Steed	steedma@musc.edu
Division of Applied Craniofacial Sciences Pediatric Dentistry Section Orthodontics Section	Dr. Deirdre Williams Dr. Timothy Tremont	willdeir@musc.edu tremont@musc.edu
Division of Regenerative Sciences & Periodontology	Dr. Ben Chien	chienh@musc.edu

Department of Biomedical & Community Health Sciences

Division of Emergency Services (Endodontics)	Dr. Luis Yepes	yepes@musc.edu
Division of Diagnostic Sciences & Services (Oral medicine, oral pathology and radiology)	Dr. Tina Woods	woodsti@musc.edu

Department of Reconstructive & Rehabilitation Sciences

Division of Pre-Doctoral Prosthodontics	Dr. Dalton Wilson	wilsond@musc.edu
Division of Restorative Services	Dr. James Loe	loej@musc.edu

Together, we also continue to meet periodically with the **South Carolina Board of Dentistry**, a tripod partnership reinvigorated earlier this year. The growing future needs for qualified lab technicians and, especially in rural communities, advanced certifications for dental hygienists, continue to be workforce evolutions we are committed to addressing together.

The SCDA visitors also got to see a few students working in our new Innovation Laboratory. The space has new equipment and dedicated faculty guidance, allowing students to participate in the entire digital workflow.

Thank you for your continued investment in South Carolina's next generation of dentists. The strength of the SCDA community is well-known by our students, who we encourage to remain involved in organized dentistry throughout their careers.

I wish you and your loved ones a healthy, happy holiday season.

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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.

FT Associate Dentist Lexington- Ideal candidate must be committed to providing exceptional patient care and continued professional development. A well established family practice (over 45 years) caring for multi- generational families. We value relationship based care with current digital technologies: CBCT and intraoral scanners, 8 operatories. Privately owned practice, full benefits including 401k. Heyrob.sr@gmail.com

Come grow with us! Seeking an Associate Dentist to join our cosmetic/family dental practice, latest technology available, located in **Myrtle Beach** area. For more information: sailfish187@gmail.com.

Help our neighbors in need! Volunteer with Oconee Memorial Hospital's Community Dental Clinic in **Seneca, SC**. Seeking compassionate, licensed dentists to give their time 1/2 day per month. A rewarding way to serve our community! Call Debbie 864-885-7545 or Deborah.Smith2@prismahealth.org.

Singh Pediatric Dentistry has an exceptional employment opportunity for a Pediatric or General Dentist in **Lexington and NE Columbia**. This position offers competitive compensation with a flexible FT or PT schedule. Interested applicants contact Rene Quattlebaum at 803-490-9008 or admin@singhandleite.com.

We are a fast growing, privately owned dental office in **Indian Land** seeking a talented & enthusiastic Associate Dentist to join us FT/PT fast growing, top quality, privately owned office, limitless income potential! Enjoyable, respectful & professional environment, newest most advanced instruments/procedures, flexible hours. dentalrecruitingervicesfmsc@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.

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.

Positions Available- Staff

Looking for a New Dental Team member, for a **Full time Dental Hygiene** position in wonderful Irmo,

Sc! 32-36 hours a week, 8a.m.-5p.m. Monday-Friday (60min recares/ 80min New Patients) Exceptional Pay!!!! Sign on bonus!! Please call/text 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

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

Practices/Office Space Available

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

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

For Sale

Antique oak dental cabinet, circa 1900-1910 made by American Cabinet Co., 28" wide, 64" tall, 15" deep, drawers have bird's eye maple bottoms, many dental collectibles included, excellent condition. \$3,500 email drebjornson@bellsouth.net.



We are pleased to announce...

Matthew E Boller, D.M.D.

has acquired the practice of

James R. Decker, D.M.D.

Charleston, South Carolina

Family Dental Health &

Rob M. Safrit II, D.M.D.

have acquired the practice of

Samuel N. Pratt Jr., D.M.D.

Moncks Corner, South Carolina

*We are pleased to have assisted
in these practice transitions.*

Practices For Sale

SMALL TOWN LIVING AT ITS BEST: Southeastern, SC GP in a free-standing building of 1,700 sq. ft. with 5 ops, 2 of which are hygiene. The practice is all digital with paper charts, but compatible with digital charting. This practice is a mixture of FFS and PPO with some Medicaid. The practice collected \$890k in 2022 while working 4 days a week. Real estate is available. Owner financing is available. **Opportunity ID: SC-02276**

EASILY A MILLION DOLLAR OPPORTUNITY: Columbia GP collecting \$900K on a 4 doctor and 8 hygiene day workweek. The practice has a patient base that is 80% PPO and 20% FFS. There are 4 ops equipped and 1 unequipped. The practice has a robust hygiene program and an excellent recall system in place. **Opportunity ID: SC-02273**

100% FFS PRACTICE: Laurens/Greenwood GP with 1,337 active patients that are 100% FFS. The office is equipped with digital X-ray and Panoramic imaging. Most procedures are currently outsourced, presenting significant growth potential. In 2023 the practice generated \$592K on a 4 doctor and 6 hygiene day workweek. The office spans 2,700 sq. ft. and features 5 ops, and an additional 600 sq. ft. of storage space. **Opportunity ID: SC-02269**

MULTI-MILLION DOLLAR OPPORTUNITY: Seize the opportunity to acquire a highly profitable and well-established dental practice with a strong and loyal patient base. This Columbia practice is on track to collect over \$2M this year and boasts 3,600+ active PPO/FFS patients and operates on 4.5 doctor and hygiene days per week. The office features 7 ops within a 2,500 sq. ft. digital setup. **Opportunity ID: SC-02201**

Go to our website or call to request information on other opportunities!

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