



# SOUTH CAROLINA DENTAL ASSOCIATION

**Bulletin**  
**February 2026**  
Volume 54, Issue 2

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## Presidents Message- A New Year of Opportunities

By Dr. Carol Baker, SCDA President



With January behind us, I am sure we are all facing familiar challenges, new uncertainties, and just as importantly, untapped opportunities. Opportunities to enhance patient care, participate in community outreach, and become more involved in our South Carolina Dental Association.

Dentistry in South Carolina remains strong because of the dedication and integrity of each of you. Everyday, you provide essential care that improves not only oral health but overall well-being. While external pressures, such as workforce concerns and insurance issues continue to surface, your commitment to ethical, patient-centered care remains steadfast.

As we enter the month of February, which is Children's Dental Health Month, we are reminded of our responsibility of outreach to one of the most vulnerable demographics in our state. An outreach mission that we should take up daily, but this month puts special emphasis on an opportunity to educate families while stressing the importance of early prevention and a commitment to lifelong oral health. Whether through community outreach, in-office education, or social media, our participation will have a lasting influence on the overall health of South Carolina's children. A wonderful way to engage children in a community is by sponsoring the Columbia Marionette puppet show, "Flora and Floppy Go to the Dentist," for a local school. If interested, please visit [dph.sc.gov/health-wellness/oral-health](http://dph.sc.gov/health-wellness/oral-health) for more information.

The new year invites us to be intentional about our practice of dentistry, our staff, and our involvement. For some, that may mean new office systems, technology, or strengthening relationships with patients and team members. For others, it may mean stepping into leadership, mentoring a young dentist or becoming more involved in organized dentistry. Ethical practices and relationships are the foundation of strength in our profession.

We should also be reminded of the importance of our united voice. The South Carolina Dental Association exists to advocate for dentists and patients, protect the doctor-patient relationship, and ensure dentistry is represented when legislative and regulatory decisions are made. I encourage each of us to stay engaged by responding to legislative alerts and attending SCDA meetings and events, because our involvement strengthens our profession. Advocacy is most effective when it resonates a loud voice which can only be accomplished when we all work together.

In conclusion, I want to thank you for your involvement, advocacy, and service. It is a privilege to serve you as President of the South Carolina Dental Association. Together we will continue to shape a strong future for organized dentistry in South Carolina.



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## February is National Children's Dental Health Month!

By Sue Copeland

The American Dental Association (ADA) is pleased to provide you with the National Children's Dental Health Month (NCDHM) Program Planning Guide. This month-long national health observance brings together thousands of dedicated dental professionals, healthcare providers, oral health champions and others to promote the benefits of good oral health and prevention to children and adults, caregivers, teachers and many others. The NCDHM Program Planning Guide offers oral health champions resources to promote the benefits of good oral health and prevention to children.

The guide includes easy-to-do activities, program planning timetable tips, a sample NCDHM proclamation and much, much more. To learn more about National Children's Dental Health Month [click here!](#)

You can also download free materials to celebrate and promote children's dental health, not only during February but all year. Materials to download include:

- Posters (English & Spanish)
- Flyers (English & Spanish)
- Coloring Sheets (English & Spanish)
- Brushing Calendar (English only)
- Activity sheets (English & Spanish)

These materials will help speakers, teachers and others who want to educate and advocate for oral health.

EdVenture Children's Museum in Columbia is hosting the Colgate Dental Van "Bright Smiles Bright Futures"

**Saturday, February 14th 10:00 a.m. to 3:00 p.m.**

Our Take Heart & Smile events are focused on helping children learn about the importance of dental health in fun, hands-on ways! Families can explore activities that promote healthy smiles, strong habits, and overall well-being — all designed with our youngest learners in mind.

Volunteers needed, please contact Karen Medlin: [bp\\_karen\\_medlin@colpal.com](mailto:bp_karen_medlin@colpal.com)

EdVenture  
211 Gervais Street  
Columbia, SC 29201

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### SCDA Spring District Meetings

**Friday, February 13, 2026**

Central District  
Stone River, West Columbia, SC

**Friday, March 13, 2026**

Pee Dee District  
Kimbels at Wachesaw Plantation, Murrells Inlet, SC

**Friday, April 17, 2026**

Piedmont District  
Embassy Suites by Hilton Greenville Golf Resort & Conference Center, Greenville SC

**Friday, May 8, 2026**

Coastal District  
Charleston, SC



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2ND ANNUAL

# FREE DENTAL DAY

*Save the Date – Volunteers Needed!*

We're excited to announce our upcoming 2nd Annual Free Dental Days with Representative Gilda Cobb-Hunter!

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**Mark your calendars and join our volunteer team to make an impact in our community.**

**Date:** July 16th-July 18th, 2026 | **Location:** Orangeburg County

We need both clinical and non-clinical volunteers, including:



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## Executive Director's Notes

By Phil Latham, SCDA Executive Director



The year is off to a busy start and the 2026 SCDA Annual Session Committee has finalized their agenda for the upcoming meeting. We will be returning to Embassy Suites-Kingston Plantation, April 30th through May 2nd.

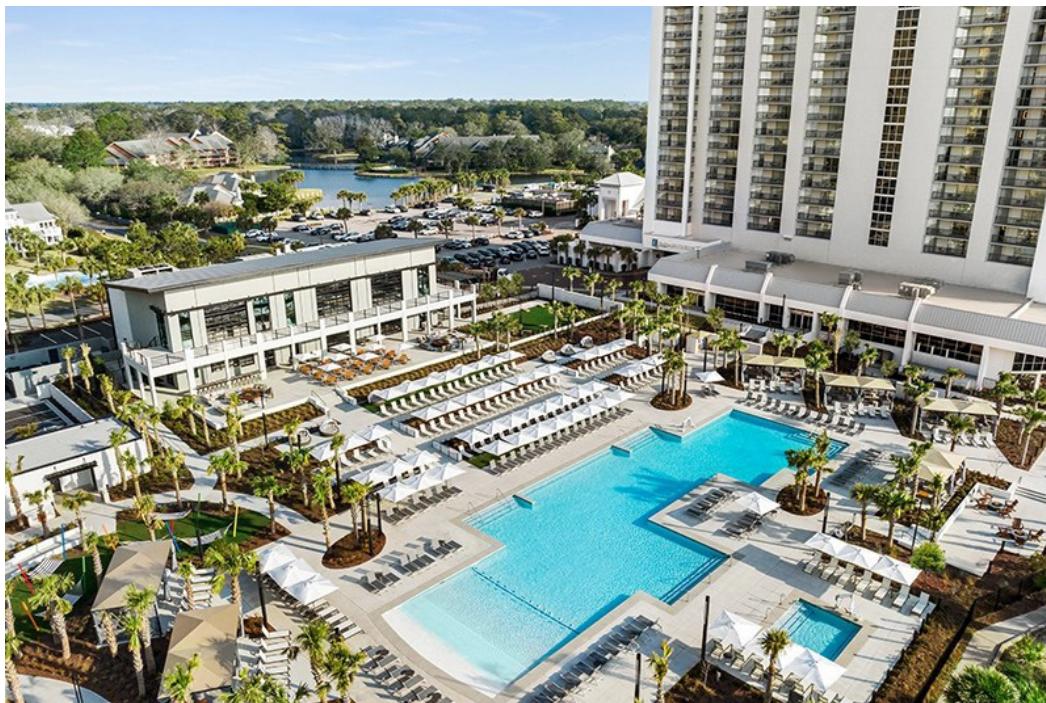
The agenda along with hotel reservation information is available at [scdaannualsession.com](http://scdaannualsession.com) and registration should be opening in the next week or two.

This past December, I mentioned in the Bulletin that Dave Weber would be returning to our meeting this year. In addition, I wanted to point out some other great continuing education opportunities to take advantage of.

First on Thursday, April 30th, 8:30 am-11:30 am, Dr. Miles R. Cone, who is a graduate of Tufts University School of Dental Medicine will be speaking on dental photography and how it serves as an effective tool for communication with colleagues, and as an emotional means of marketing to patients and clients regarding our clinical services and laboratory products. His presentation will discuss the basic philosophy, equipment, and resources necessary for clinical intraoral images, full-face portraits, laboratory/bench-top product photos, and publishing outstanding high-end results with low-end consumer cost to enhance personal professional development, boost social media engagement, and for publication in scientific peer-review. No experience or equipment is necessary to attend this course.

On Friday, May 1st, 8:30 am- 11:30 am, Dr. Ron Kaminer, who is a 1990 SUNY Buffalo School of Dental Medicine graduate, will be speaking. Dr. Kaminer has always been passionate about technology and was one of the first 100 dentists in the country to include a hard tissue dental laser in his practice. Over the years Dr. Kaminer has taught thousands of dentists worldwide about dental lasers, technology, and minimally invasive dentistry. He sits on the board of Catapult Education, is a frequent contributor to Mentor magazine and sits on the editorial board of Dental Product Shopper.

Dr. Kaminer will be speaking about restorative dentistry, and daily routines which can include everything from routine general dentistry to performing a variety of dental specialty procedures. Mastering the basics and getting into good habits is the key to practice success and patient satisfaction. Join Dr. Kaminer to dive into foundational concepts that will guide how you practice and delve deeper into day-to-day procedures that will streamline patient care.





# 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)!

To renew your 2026 dues online, [click here!](#) Your login will be your email address. 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](mailto:msc@ada.org).

If you have any additional questions or have recently retired, please contact Maie Burke at [burkem@scda.org](mailto:burkem@scda.org).

We wish you and your family a safe and wonderful holiday season and we look forward to working with you in 2026!



**SOUTH CAROLINA  
DENTAL ASSOCIATION** | **ADA.**

# Dues Renewal Time!

Notices were recently emailed  
to all SCDA members!

Questions?  
Contact Maie Burke  
at [burkem@scda.org](mailto:burkem@scda.org)!

[www.scda.org](http://www.scda.org)

## Rural Dentist Loan Repayment Program

By South Carolina AHEC

To address the maldistribution of dental providers in South Carolina, the SC AHEC Rural Dentist Loan Repayment Program provides education loan repayment for qualified providers who contract to practice in rural and underserved areas or serve as faculty at the MUSC College of Dental Medicine.

### Eligibility

To qualify for this program, applicants must:

- Have educational loans from a recognized financial institution
- Be (or become) a Medicaid provider and treat at least 100 unduplicated Medicaid patients (applications from providers currently in practice must include an individual Medicaid provider number in order to be considered)\*
- Have no outstanding service obligation for health professional service to the federal government, a state or other entity, unless the obligation would be completed prior to receipt of the SC Rural Dentist Loan Repayment award.

\* Medicaid provider number not required for MUSC Dental Faculty applicants. This stipulation also does not apply to students who have not yet completed their training. Visit the Eligibility section on the program's webpage for more information.

### Application Process

Applications are received and reviewed on a set schedule every year:

- Applications open: October
- Applications due: February
- Applications reviewed: February-June
- Applicants notified of funding decisions: July
- Contracts start: July

[Applications](#) for the upcoming funding cycle are due by Wednesday, February 18, 2026 at 4:00 p.m. EST.



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[scda@scda.org](mailto:scda@scda.org)  
to learn how much your  
membership could save you.

# The Top 10 Reasons South Carolina Dentists Should Be Prescribing Electronically

By Parth Patel, DMD | CEO, iCore, an SCDA Endorsed Company



Electronic prescribing (ePrescribing) has quickly become an essential part of modern dental practice—especially for dentists in South Carolina. With new regulatory requirements, growing security concerns, and increasing expectations for convenience from both patients and pharmacies, ePrescribing helps practices stay compliant while improving efficiency and patient care. Here are the top ten reasons South Carolina dentists should be prescribing electronically today.

## 1. It's Required for Controlled Substances in South Carolina

South Carolina House Bill 3728 requires all controlled substance prescriptions to be prescribed electronically. This statewide mandate aligns with national efforts to reduce prescription fraud, diversion, and abuse, making ePrescribing a necessity for compliance.

## 2. Stronger Security and Fraud Protection

Electronic prescribing eliminates risks associated with paper prescriptions, such as loss, theft, or alteration. Secure authentication, encryption, and audit trails protect your DEA credentials and ensure prescriptions reach the pharmacy safely.

## 3. Built-In EPCS and PDMP Support

Modern ePrescribing solutions support Electronic Prescribing of Controlled Substances (EPCS) and integrate with Prescription Drug Monitoring Programs (PDMPs), helping dentists meet legal requirements without adding administrative burden.

## 4. Reduced Prescription Errors

Illegible handwriting, missing details, and incorrect dosing are common causes of prescription errors. ePrescribing improves accuracy and can flag potential drug interactions or allergies before a prescription is sent.

## 5. Faster Pharmacy Processing

Prescriptions are transmitted instantly to the patient's chosen pharmacy, reducing delays and minimizing follow-up calls. This leads to faster fulfillment and fewer interruptions for your team.

## 6. Prescribe Anytime, Anywhere

Cloud-based ePrescribing allows dentists to send prescriptions securely from the office, at home, or on the go—ideal for emergencies, after-hours needs, or multi-location practices.

## 7. Streamlined Staff Workflow

By eliminating paper scripts, faxes, and phone calls, ePrescribing saves staff time and simplifies daily operations. Everything is documented and easy to retrieve.

## 8. Clear Documentation and Audit Trails

Electronic records provide time-stamped documentation for every prescription, supporting compliance audits, clinical oversight, and internal reporting.

## 9. Better Patient Experience

Patients appreciate convenience and clarity. ePrescribing removes confusion, shortens wait times, and reinforces confidence that their dentist is using secure, modern technology.

## 10. A Smarter Investment for the Future

As regulations continue to evolve, ePrescribing helps future-proof your practice by keeping you compliant, efficient, and prepared for ongoing digital transformation.

### SCDA Endorses iCoreRx

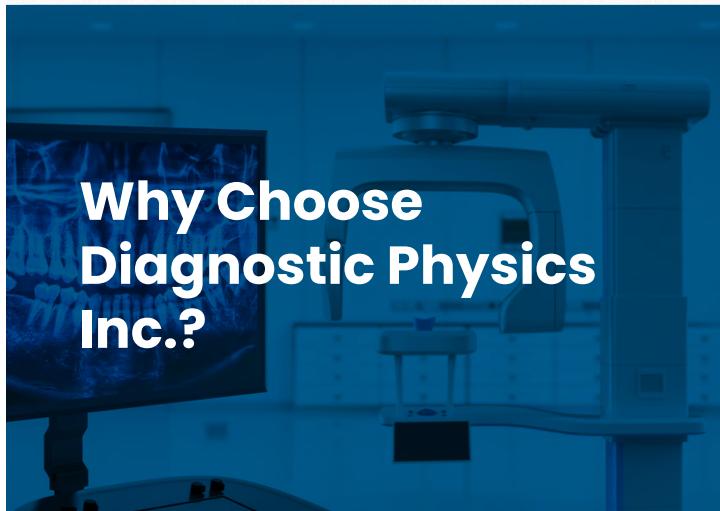
The SCDA endorses iCoreRx, cloud ePrescribing designed specifically for dental practices by our partners at iCore. Book your free, no-obligation demo and access your SCDA member discount at [iCoreConnect.com/SC-Dental](http://iCoreConnect.com/SC-Dental), or call 888.810.7706.



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## Canceled Joint Replacement Results from Dentist's Lack of Awareness

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

Dentists must stay informed on new guidelines regarding patients with planned joint replacement surgeries. In this case study, a dentist performs tooth extractions less than two weeks before the patient's knee replacement. The orthopedic surgeon cancels the surgery upon learning about the extractions, explaining to the patient that there are new guidelines for the timing of such procedures. The patient complains to the dentist about their inconvenience and lack of awareness, but no legal action is ultimately taken.

### Key Concepts

- Staying informed on evolving dental guidelines
- Understanding protocols for patients with joint replacements
- The importance of documentation in dentistry

### Background Facts

P knew, from years of being told by various dental professionals, that he needed a number of teeth extracted due to gross decay. He admittedly did not have regular and adequate home oral hygiene habits, often leaving him with plaque build-up throughout his mouth and several areas of calculus, particularly on his lower anterior teeth. With an elective knee replacement surgery coming up in 2 weeks, he thought that this would be a good time to have those teeth extracted, in large part because he had read some online information about knee surgery and the potential for mouth bacteria to spread to that surgical site and lead to knee prosthesis loss.

When Dr. N examined P, clinically and radiographically, she noted 8 teeth in need of extraction, in addition to a long-overdue prophylaxis. P made Dr. N aware of the upcoming knee surgery. She arranged for P to have a cleaning that same day, with the extractions to be completed in 3 days.

The extractions went forward uneventfully, leaving a week-and-a-half before the scheduled orthopedic surgery. P saw Dr. N post-operatively to check the extraction sites, 5 days before the knee was to be treated, and all appeared to be healing within normal limits, although a lone bone spicule was easily removed.

P met with his orthopedic surgeon, Dr. C, in the hospital's pre-surgical waiting area, where P casually mentioned that he had multiple dental extractions about 10 days prior, and the removal of a "small sliver of bone 5 days ago." Dr. C immediately canceled the knee replacement surgery and told P to contact his office to reschedule once there would be no further dental intervention in those sites. At P's request to understand more, Dr. C explained that current guidelines, which had "just taken effect," included that there be a waiting period between oral surgery procedures and certain elective joint surgeries. Frustrated at the situation – because he had taken time off from work, asked family members to rearrange their own schedules to assist him upon his return home, would now need to redo his pre-operative lab testing, and would have to again go through the stress in anticipation of surgery. P contacted Dr. N's office, asking to come in immediately.

Dr. N was surprised to see P, expecting that he would have been hospitalized and under his orthopedic surgeon's care. P angrily explained what had happened, with Dr. N listening intently. Dr. N said that she had been unaware of any protocols in place that would have led Dr. C to cancel surgery for a dental-based reason. Nevertheless, she apologized profusely, but P never returned to see her. P located another dental practitioner, who determined the extraction sites to be completely healed, roughly a month or so later. P underwent successful knee replacement surgery, albeit several months after initially planned, with no complications.

### Legal Action

Still upset over the entire episode, P spoke with a cousin who is an attorney, as well as a local medical malpractice lawyer. Both gave him the same advice, namely that, although he had suffered from significant inconvenience due to Dr. N's lack of knowledge, he had no damages which would reasonably be compensable. The second attorney also pointed out that, even if Dr. N had been aware of the new protocol, the teeth were quite likely in need of extraction before the joint surgery anyway, so the orthopedist would have postponed the procedure in any event. All of P's frustrations would have, therefore, been essentially the same.

Understanding that suing Dr. N would only be able to happen if he represented himself, P sent her a letter requesting copies of his entire chart, and asking her to report the incident to her malpractice carrier, which she did. No further action was ever taken by P.



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**Rob M. Safrit II, D.M.D.**  
have acquired the practice of  
**Samuel N. Pratt Jr., D.M.D.**  
Moncks Corner, South Carolina

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**GREAT DEAL GREENWOOD COUNTY - VERY MOTIVATED SELLER:** 100% FFS GP with 1,337 active patients, collecting \$560K in 2024 on 4 doctor/6 hygiene days. 2,700 sq. ft. office with 5 ops, digital X-ray and pano, plus 600 sq. ft. storage. Many procedures referred out = strong growth potential. Rural community near a lake offers slower pace, great quality of life, or ideal merger. Real estate available. **Opportunity ID: SC-02694**

**MIDLANDS REGION:** Thriving GP collecting **\$1M+** annually on 4 doctor and 4 hygiene days. Serves 2,600 FFS/PPO patients in a 1,860+ sq. ft. free-standing building with 4 ops. Digital Eaglesoft practice with efficient workflow. Refers out several procedures—strong growth potential. Real estate may be available. **Opportunity ID: SC-02805**

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## Takeaways

The “current guidelines” referenced by Dr. C came into effect in late 2024, by way of protocols jointly developed by the American Academy of Orthopedic Surgeons (AAOS), the American Dental Association, and several other organizations. By way of history, the use of antibiotics in association with dental procedures for patients with joint replacements was recommended until as recently as approximately 2012, when the guidance changed to consider discontinuing that practice. The current approach regarding the relationship between dentistry and joint replacements takes antibiotics out of the picture, and instead speaks to the timing of certain dental procedures, both before elective total joint arthroplasty (TJA) and after any TJA. The organizations involved carefully referred to them as guidelines, as compared with standards of care (SOC). But in a litigation setting, it is far from unforeseeable that an expert for a plaintiff might well incorporate the guidelines into their testified-to SOC, if the guidelines were not followed and a negative event ensued.

The new guidelines, briefly stated, are: (1) noninvasive and minimally invasive dental procedures can be performed until the day before elective TJA; (2) dental extractions and other oral surgery procedures should be completed at least 3 weeks before elective TJA (because they can be expected to take up to 3 weeks to heal); and (3) most dental procedures should be delayed – if possible – for 3 months after TJA. The goal, according to the co-chair of the guideline group, is to prevent infections that might emanate from dental procedures, due to bacterial entrance into the bloodstream, which can then attach to the new joint prosthesis, thereby infecting it.

Even though litigation never took place in this case study, it would not be unexpected to imagine that litigation might well have gone forward if the result to P were different. For example, if P had the TJA and then presented to Dr. N 1-2 months later, and if Dr. N had performed the extractions at that time (with both P and Dr. N unaware of the new guidelines), and if the joint prosthesis were then lost to infection due to bacteria commonly found in the mouth, an expert for P, as plaintiff, would be able to make a colorable argument that P suffered as a result of Dr. N not following a published guideline, namely the waiting for 3 months after the TJA to extract the teeth.

A fair reading of the guidelines leaves some room for interpretation, such as what constitutes “noninvasive and minimally invasive dental procedures,” and what dentistry fits under the umbrella of “most dental procedures.” If unclear, a risk-protective approach is to directly involve the orthopedic surgeon, explaining what dentistry is planned, so that the surgeon replacing the joint can have input into the plan of action. In such situations, documentation of those communications is critical, in the event that a lawsuit or Board action were to later arise. A written plan – a letter, email, or text message – from the orthopedist is ideal, but absent that, a detailed, contemporaneous entry by the dentist/oral surgeon into the patient’s chart will serve as a solid, if not perfect, memorialization.

With dentistry and medicine fronts expanding at a fast pace, and with technology fueling that expansion, sometimes seemingly overnight, the burdens upon dental professionals to stay up to date about all aspects of patient care can be daunting. But that is exactly what is required to practice within the standard of care. The fact that a dentist might not be aware of very recent, yet relevant, changes that directly affect their practice will not serve to excuse any lapses that occur as a result. An approach looked at today as up-to-date might be viewed as old-fashioned and outdated tomorrow. Here, although Dr. N was made aware of P’s upcoming knee replacement surgery, she was not aware of the potential impact of her planned dental treatment upon that surgery. That directly and negatively affected P, but fortunately, in not very significant ways.

A question to consider is whether the patient, P, bears any responsibility for the events in this case, particularly by allowing his teeth to fall into such disrepair, all at his own hand, and for waiting until the virtual eve of knee surgery before seeking to address his dental problems. States vary in their handling of this type of issue during the course of litigation. But even when a particular jurisdiction allows for claims by the defendant against the plaintiff that might greatly reduce or completely eliminate monetary compensation, it becomes a strategic question for defense counsel (and the dentist’s malpractice carrier) as to whether there is value in going down that road, with the specter of the potential for a jury to be angered by the attempt to “blame the victim.” Litigation is a process that includes facts, law, strategy, ethics, and assessments of human nature, complex and intellectually stimulating.

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. 1/2026

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Mark (Wil) Waninger, DMD



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## MUSC JBE CDM Alumni Homecoming – Learn and Celebrate!

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



Dear SCDA member:

For those of you who are **MUSC alumni**, I look forward to seeing you and your families in Charleston on **February 28** for our college's annual homecoming. Attendance is free for all events.

We are pleased to introduce **continuing education** this year. These two sessions hosted by outstanding experienced faculty (see below), provide a glimpse into digital dentistry additions to today's D.M.D. curriculum as well as insight into emerging teeth-saving techniques in regenerative endodontics, including stem cells, scaffolds, and growth factors.

This year, the events, including the breakfast, continuing education, and the evening gathering are being hosted exclusively by the James B. Edwards College of Dental Medicine. While we enjoyed the university-wide alumni weekends around MUSC's bicentennial year, the return to a college celebration means more familiar faces and room to bring the whole family! I look forward to seeing you there.

### MUSC Dental Alumni Homecoming

Feb. 28, 2026

**RSVP here to save your spot:** <https://www.eventbrite.com/e/alumni-homecoming-celebration-james-b-edwards-college-of-dental-medicine-tickets-1963406597988>

### Homecoming Schedule

<b>Saturday, Feb. 28</b>	
<b>8 – 8:30 a.m.</b> <b>8:30 a.m. – 12 p.m.</b> Campus	<b>Breakfast</b> <b>Continuing Education*</b> (3 credit hours) Innovation in Action: Leveraging Advanced Restorative Materials and Digital Workflows Dr. Fabio Rizzante, Associate Professor and Assistant Dean for Innovation  Regenerative Endodontics: An Insight on the Future of Saving Teeth Dr. Michael R. Cotter, Associate Professor and Endodontics Residency Director
<small>*Required details for ADA CERP accredited courses have been emailed to all alumni. If you are an alumni and did not receive the email, please share your information with us at <a href="http://education.musc.edu/alumni/profile-update">education.musc.edu/alumni/profile-update</a>.</small>	
<b>7 – 10 p.m.</b> Charleston Harbor Resort & Marina	<b>Oyster Roast and BBQ</b>  Fun for the whole family!
<b>Sunday, Mar. 1</b>	
<b>10 a.m.</b> St. Luke's Chapel	<b>Alumni Memorial Service</b>  We honor all who have passed. No RSVP required.

# 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](http://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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:kasey.huber@guardiandentistry.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](mailto: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](mailto: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](mailto: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 [dmddword@gmail.com](mailto:dmddword@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](mailto: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](mailto:pc@southlakedentistry.com).

We are seeking an experienced FT or PT Associate Dentist for our growing privately owned, multi-specialty 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](mailto: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](mailto:sodacitydental@gmail.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](mailto: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](mailto: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](mailto:Kennedy@bellavistadentalsc.com).

Lexington SC- Seeking a **FT RDH** to join our privately owned family dental practice. Conveniently located, low stress, PTO and paid holidays included. 60 minute recare appointments. Call 803-520-4900 or email resume: [office@joelpricedmd.com](mailto:office@joelpricedmd.com).

## **Practices/Office Space Available**

**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](mailto:Brushandfloss@hotmail.com) or 803-920-6669.

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](mailto: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](mailto: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@rosentaltransitions.com](mailto:jkoski@rosentaltransitions.com).

Dentist **office sublease** opportunity in Indian Land- Premium 4-op dental office, fully equipped, ready for a specialist satellite practice or getting new practice started. 2 days a week (3 with Saturday option). Fast growing area, turnkey, \$4,000/month. [Kavidds@gmail.com](mailto:Kavidds@gmail.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](mailto:lnicholson@windsoraughtry.com)/ 864-270-2706.