



Inside this issue:

Executive Director's Notes	2
SCDA Awards	3
Health Coverage for your Practice	4
Indications Someone is Embezzling	6
SCDA Foundation Update	8
Malpractice Minute	10
1st Digital Dentistry Innovation Symposium and Workshop	14
Seeking Alternate Delegate to the ADA	16
Classifieds	17

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2026 SCDA Awards Nominations

By Dr. Carol Baker, SCDA President



The South Carolina Dental Association is now accepting nominations for the 2026 Awards. Members are encouraged to recognize colleagues, mentors, team members and community leaders whose dedication continues to elevate the profession of dentistry across South Carolina.

Recognition matters. Taking the time to nominate a deserving individual not only honors personal achievement but also highlights the values that define organized dentistry. Values such as leadership, service, professionalism, mentorship, innovation and community engagement. Celebrating these contributions helps preserve the strong culture of service within the SCDA. It also inspires the next generation of dental professionals to become active leaders within their local communities and our association.

Past award recipients have created lasting legacies throughout South Carolina dentistry. Their leadership within organized dentistry, commitment to patient care, mentorship of younger dentists and service to their communities has strengthened the profession. By recognizing outstanding individuals each year, the SCDA continues to promote a culture where service and leadership are valued, visible and hopefully contagious. These awards not only honor accomplishments, but also encourage newer members to become involved, pursue leadership opportunities and invest in the future of organized dentistry.

Every practice and community has individuals who quietly lead, mentor, serve and inspire others. The SCDA Awards provide an opportunity to ensure those contributions are recognized and celebrated. By nominating worthy candidates, members help preserve the tradition of leadership within our association and encourage continued engagement throughout the profession.

SCDA Award Categories

- George P. Hoffmann, Jr. – Distinguished Dentist Award
- Meritorious Achievement Award
- James B. Edwards Citizenship Award
- New Dentist Award
- Dental Team Award
- Special Recognition Award

Completed nomination forms, letters of recommendation and the nominee's CV must be submitted to the SCDA office by **October 1, 2026**. Award recipients will be recognized during the 2026 SCDA House of Delegates Meeting on December 4, 2026. Full award category details are located on page 3. [Click here](#) to download the form electronically.

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

Executive Director's Notes

By Phil Latham, SCDA Executive Director



More than 60 changes are coming in 2027 to the Current Dental Terminology (CDT). These include 28 new codes and over 30 revisions.

The Code Maintenance Committee met this past March at the ADA Headquarters to accept, revise or decline proposed changes to 2027 CDT. The meeting report is available for review and can be downloaded at [ADA.org/CDT](https://ada.org/CDT).

The Code Maintenance Committee will assign CDT numbers to all new codes and ensure that all information will be reflected in the 2027 CDT.

Some of the highlighted changes include:

- New codes for repairing or removing a fixed splint.
- New codes for implant- and abutment-retained interim fixed dentures for the partially edentulous arch.
- A revision to code D2390 for the placement of a direct resin-based composite crown to allow this code to be used to document and report the procedure delivered to any tooth — anterior or posterior. Previous nomenclature specified application for anterior teeth only.
- Revisions to the section for removable and fixed adjunctive orthodontic therapy. This section, previously titled "Minor Treatments to Control Harmful Habits," includes revisions to codes D8210 and D8220.
- A revision to the code for the administration of neuromodulators and new codes for the delivery of chemodenervation procedures to delineate cosmetic versus therapeutic procedures.
- A suite of new codes for orofacial pain management, such as injection blocks for the occipital nerve, peripheral nerve and sphenopalatine ganglion as well as tendon/ligament and trigger-point muscle injections.

The 2027 CDT Manual will be available this fall and can be ordered through the ADA at [ADA.org/CDT](https://ada.org/CDT).

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Award Categories:

George P. Hoffmann, Jr. - Distinguished Dentist Award

This award is the premier and most prestigious award presented by the South Carolina Dental Association. It is to honor a member or former member for years of outstanding service to the SCDA, the dental profession, and the community. Nominees must have practiced dentistry in South Carolina for a minimum of ten years.

Meritorious Achievement Award

The nominee must be a member in good standing of the SCDA who has demonstrated in recent years significant achievement in dentistry in the areas of professionalism, leadership, academics, research, or health care delivery.

James B Edwards Citizenship Award

The nominee must be a member in good standing of the SCDA who has served the citizens of South Carolina in a manner that reflects a positive image of dentistry. Areas of achievement include humanitarian and religious activities, civic affairs, community service, or cultural contributions.

New Dentist Award

The nominee must be a member in good standing of the SCDA who has been in practice ten years or less or who is under forty years of age. The nominee must have demonstrated leadership qualities through service to dentistry.

Dental Team Award

Team members in a private office. The nominee must be from an office of a SCDA member and nominated by an SCDA member. The criteria for evaluation include:

- The nominee demonstrates the he/she holds the profession of dentistry in the highest regard.
- The nominee has five or more years of experience in the dental field.
- The nominee promotes the interest and betterment of the profession through the team concept of dentistry.
- The nominee participates in community activities that bring credit to the dental profession.
- The nominee demonstrates enthusiasm for his/her work and creates innovative ideas about patient relations and managerial modifications that improve the delivery of patient care.

Special Recognition Award

The nominee may be any individual who deserves recognition for special achievement or an extraordinary deed related or unrelated to dentistry. This award provides for special circumstances that do not conform the other awards.

Category of Award

Name of Nominee

Nominee Address

Nominee Email Address

Please attach your typed letter of recommendation and the nominee's CV.

Awards may or may not be granted at discretion of the Board. A sitting Board member may not be nominated.

SCDA Member Nominating Signature

Name (Print)

Date

Phone Number

Do you wish to remain anonymous? Yes ___ No ___

Your nomination form, letter of recommendation, and the nominee's CV must be returned by October 1, 2026 to the SCDA office. Nominator must be an SCDA Member.

These awards will be presented during the 2026 SCDA House of Delegates Meeting.

Health Coverage Designed for South Carolina Dental Practices

By Mark Brown, CAE, SCDA Associate Executive Director



Running a dental practice means taking care of people every day, your patients, your staff, and your business. Finding reliable health coverage for your team should not feel complicated or overwhelming. That is why the South Carolina Dental Association created the SCDA Group Trust Plan specifically for dental practices across South Carolina.

The plan was built to give SCDA members access to quality coverage, flexible options, and dependable support while helping practices manage costs and reduce administrative headaches.

One of the biggest advantages of the SCDA Group Trust Plan is access to the largest network of medical providers in South Carolina, along with nationwide and worldwide coverage. Whether employees need care close to home or while traveling, they can feel confident knowing they are covered.

The program also offers flexibility that works well for practices of all sizes. Members can choose from eighteen medical plan options, including four HSA-compatible plans. Practices may offer two deductible options, allowing employees to choose the coverage that best fits their needs and budget.

All copay plans include a free annual eye exam, and optional dental and expanded vision coverage are also available. Every plan includes built-in life insurance, adding another layer of protection and peace of mind for employees and their families.

The copay plans are designed to make healthcare costs more predictable while still covering a wide range of everyday services, including office visits, consultations, X-rays, lab work, allergy injections, hearing evaluations, medical supplies, and minor office surgeries.

The SCDA Group Trust Plan also helps simplify the administrative side of benefits. COBRA administration is fully included, which means practices do not have to spend valuable time managing that process internally.

For practices considering a switch from another health plan, there's good news. In many cases, deductible carryover credits are honored, even when moving from a different insurance carrier. That means employees who have already met part of their deductible under their current group plan may receive credit toward their new deductible with the SCDA Group Trust Plan.

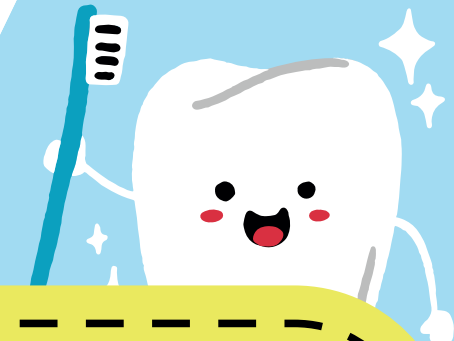
Many employers also assume they must wait until their current medical plan renews before making a change. The SCDA Group Trust Plan allows practices to begin coverage on the first day of any month, making the transition much more flexible and convenient.

According to Dan Pennella, DMD, the plan gives dental practices access to benefits that are often difficult for smaller organizations to secure on their own. "The South Carolina Dental Association Group Health Insurance Program gives my practice access to high-quality coverage at competitive rates typically reserved for much larger organizations. It's a smart, stable benefit that helps me take better care of my team while allowing me to stay focused on patient care."

For dental practices looking for dependable coverage, flexible options, and a program built specifically for the dental community, the SCDA Group Trust Plan offers a practical solution that supports both employers and employees.

To learn more, visit SCDA.org, email scda@scda.org, or call 803.750.2277.

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The Top Five Indications Someone is Embezzling

By Prosperident, Inc, an SCDA Endorsed Company

Prosperident has performed thousands of investigations into embezzlement in dental practices. While every case is different, certain behavioral and financial patterns appear again and again. When we arrive at an office and later confirm that theft has occurred, the following warning signs are frequently present. None of these indicators prove that embezzlement is happening, but each should prompt closer attention because they often reflect the methods employees use to conceal financial misconduct.

A staff member is territorial. Employees who are stealing often try to control every aspect of the systems they manipulate. They may guard their duties aggressively, resist cross-training, or discourage the dentist from involving outside advisors such as accountants or consultants. This behavior helps them maintain exclusive knowledge of key processes such as posting payments, handling adjustments, preparing deposits, or reconciling reports. Embezzlement schemes often depend on the same person controlling both the transaction and the records of the transaction. When others learn the system or review the data, irregularities are more likely to be discovered. Territorial behavior is therefore often a defensive tactic designed to protect a scheme from scrutiny.

The team member spends considerable time in the office alone, normally on evenings or weekends. While some employees simply prefer quiet time to catch up on work, unexplained after-hours access to the office can create opportunities to alter records or remove evidence. Many embezzlement schemes require periodic “cleanup” activities—editing transactions, deleting ledger entries, adjusting accounts, or reconciling manipulated reports so that numbers appear normal. These tasks are easier to perform when no one else is present to observe the computer screen, ask questions, or notice unusual activity. Employees engaged in theft may therefore seek opportunities to work alone so they can manipulate records without interruption.

Production and profitability don’t line up. In a healthy practice, increases in production typically translate into increases in collections and profitability. When production rises, but profitability remains flat—or when production remains steady while profitability declines—it may signal that money generated by the practice is not making its way to the bank. Many embezzlement schemes involve diverting patient payments before they are deposited or masking collections with adjustments or write-offs. The practice management software may still show strong clinical production, but if money is being siphoned off before it reaches the practice’s accounts, the financial results will not reflect the clinical activity taking place.

A staff member is reluctant to take a vacation or uses vacation days in small increments. Embezzlers often depend on their daily presence to maintain the illusion that everything is normal. Many schemes require ongoing manipulation of records to keep accounts balanced or to prevent patients from noticing discrepancies in their statements. If the person responsible for the scheme is absent for an extended period, another employee may perform their duties and uncover irregularities—such as missing payments, unusual adjustments, or incomplete records. For this reason, employees engaged in theft sometimes avoid taking full vacations or will break vacation time into one- or two-day increments so that no one else has sustained control over their responsibilities.

Amounts collected according to your practice management software do not line up with deposits made to your bank. This is one of the most direct indicators that something may be wrong. In a properly functioning financial system, the totals reported by the practice management software for a given day or period should reconcile closely with the amounts deposited in the bank. When there are unexplained differences, particularly recurring ones, this may indicate that funds are being removed before deposit, deposits are being altered, or transactions are being manipulated to conceal missing money. Common methods include deleting payment entries, posting false adjustments, or holding checks and cash out of deposits. Persistent reconciliation gaps between software reports and bank deposits should always be investigated promptly.

In our experience, embezzlement rarely begins with dramatic, obvious actions. Instead, it often develops gradually, supported by behaviors that allow the individual to maintain control over financial systems and avoid oversight. Recognizing these warning signs early allows practice owners to strengthen controls and investigate concerns before small irregularities turn into significant losses. Prosperident offers a quick and inexpensive initial screening to see if your practice needs a deeper look into its finances. More information on FIRST LOOK is available [HERE](#).

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SCDA Foundation Updates

By Dr. Mona Ellis, SCDA Foundation Chair

The SCDA Foundation was able to help 6 Assisting students and 5 Hygiene students this cycle for Mary Clary nominees. Check out Dr. Kathryn Freedman, Greenville Tech, presenting checks to their Mary Clary nominees. She said thank you so much for the support that the Foundation/SCDA gives to students. With the cuts in financial aid, her students are having an even harder time finding funding for their education and the scholarship money provided by the SCDA truly makes an impact on the students.

These are the students we value and need to keep our profession going forward. Please continue to donate any amount possible to further assist these students. Look for more award winners in the next bulletin.



Zabec Family Fund

Did you hear about this fund? Kristen Zabec lost her dad at the beginning of her senior year (2025-2026). Due to her classmates generosity and spirit to help her through this difficult time, she and her family established an account to assist any D1-D4 student when a parent or sibling death occurs. Unfortunately one of her classmates lost his dad May 5 and now both will be without their dads at graduation May 16, 2026. Now the funds have been depleted and her yearly donation won't happen until April 2027. Please donate any amount you can to the Zabec fund to replenish this account and be ready to assist any other student going through this type of tragedy. Let's once again show our SCDA support for the students and thank the Zabec family for establishing this fund. Please make checks out the the SCDA Foundation with Zabec in the memo.

Dear members of the SCDA Foundation Board,
I am very grateful for the opportunity to have met each of you through the interview process. I appreciated the chance to connect with you all to discuss my career goals and the importance of fellowship in dentistry. I am especially thankful for being a selected recipient of the generous \$5,000 scholarship from the Member Benefits Fund. It truly means a great deal to me that you see my potential as a future practitioner in South Carolina. I am committed to proudly representing the SCDA throughout my journey, and this scholarship will have a meaningful impact on my experience at MUSC

as I complete the final steps of my education. Thank you again for offering this opportunity to so many deserving students. I hope to connect with you all again soon.

Carson Guest
Carson Guest

...and your
thoughtfulness
touched my heart.

THANK YOU

Thank you very much for the scholarship award! This has been such a financial help which allows me to focus on becoming a better clinician while giving back to the dental community. I appreciate everything the SCDA has done to provide for me. Thank you,
Marjon Berry



We are pleased to announce...

Tanusha P. Patel, D.M.D.
has acquired the practice of
Milan M. Humplik, D.M.D.
Lexington, South Carolina

**Family Dental Health &
Rob M. Safrit II, D.M.D.**
have acquired the practice of
Charles F. Wright, D.M.D.
Pawleys Island, South Carolina

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Opportunity ID: SC-02805

COLUMBIA \$2.2M MULTI-MILLION DOLLAR OPPORTUNITY: Established, highly profitable practice with 3,600+ active PPO/FFS patients. Operating 4.5 doctor/hygiene days weekly in a 2,500 sq. ft. fully digital office with 7 operatories. Associate plans to stay post-sale, and seller will mentor up to two years. 50% buy-in option available. **Opportunity ID: SC-02793**

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Dentist's Choice of Radiographic Technique Leads to Lawsuit

By Marc Leffler, DDS, Esq, Medpro Group Inc, an SCDA Endorsed Company

In this case study, dentists learn how an implant placement evolved into a malpractice lawsuit after the patient developed persistent postoperative nerve injury symptoms. The case demonstrates how clinical choices made at the planning stage can significantly influence the legal trajectory of a case.

Key Concepts

- Understanding divergent opinions between experts
- Determining standard of care for different radiographic techniques
- Understanding the pure consent to settle clause

Background Facts

Dr. P practiced restorative dentistry in a suburban community, since her completion of dental school and a general practice residency. During her formal training and after, she engaged in didactic and clinical coursework involving implant placement and restoration and regularly recommended and employed dental implants in her treatment plans. That was the case when a new area resident, O, a healthy man in his 40s, presented for general care and consideration for replacing missing tooth #30, which was extracted years ago following a trauma-induced fracture.

O's mouth was in generally good repair, as he practiced good home hygiene and had been a regular dental patient for his entire adult life. Dr. P discussed the replacement options of a 3-unit fixed bridge and an endosseous implant, upon which a single crown would be placed. After taking and viewing a panoramic radiograph, Dr. P advised O that he had "plenty of bone" to support an implant, and she suggested that approach. The costs were similar, so O opted for the implant plan. Dr. P advised O of the usual risks of implant surgery, including a nerve injury which could even be permanent in "rare" situations. O agreed to go forward and set up an appointment within the next few weeks.

At the surgical visit, a chairside assistant presented O with a document entitled Implant Consent Form, telling O that this was exactly what Dr. P had discussed with him. O quickly perused the form and signed it. Based upon measurements she made on the panoramic film, Dr. P determined there to be 14.5 mm of mandibular bone superior to the inferior alveolar canal (IAC), so she planned for and placed a 13 mm fixture. Upon elevating a gingival flap, Dr. P noticed that the lingual height of bone was "a good deal" higher than on the buccal aspect. Other than O briefly wincing toward the end of the preparation phase, all went smoothly, with the implant covered with soft tissue and sutured. A post-placement periapical radiograph showed the implant in very close approximation to the IAC, but Dr. P saw "daylight," so she was not concerned.

One week later, at the suture removal visit, O complained of "pins and needles" and "numbness" on the right side of his lower lip and chin. Dr. P stated that she remained "unconcerned," explaining that this is common and all should be back to normal over the next weeks or months. O returned for crown placement 5 months after implant surgery, still with the same "annoying sensations." Dr. P was surprised that the situation had not normalized, but she continued to reassure O of a return to normal. That never came.

Legal Action

O always found the tingling and numbness to be uncomfortable, but he never thought to do anything about it until he met up with a college classmate of his, now an attorney, at an alumni event. The classmate did not practice law where O now lived but suggested that he consult with an attorney he knew who did "a lot of malpractice work." O met with that lawyer, who gathered all of Dr. P's records and sent O to a local neurologist to assess the extent of the injury. The neurologist confirmed that O's mandibular nerve was in fact injured and did not conceive of any improvement, now nearly two years after the surgical event.

O's attorney contacted an experienced dentist whom he knew, who had testified in dental malpractice cases in the past, and who, like Dr. P, regularly placed and restored implants, seeking to retain that dentist as an expert on behalf of O. Following a review of the records, the expert reported back to the attorney that, in his opinion, Dr. P had deviated from the standard of care, which in the expert's view required the use of CBCT radiography in order to accurately determine available bone for implant placement. The expert cited specifically to Dr. P's intraoperative finding of a sloped mandibular crest, which could not

Continued on page 12



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have been determined on the 2-D panoramic but would have been seen on a 3-D CBCT, had one been taken. The expert added to that opinion the concept that, once Dr. P noted that lingual-to-buccal slope, she should have immediately stepped back and reconsidered whether the planned-for 13 mm implant was appropriate, which it ended up not being, as the measurement was based upon the highest point of the crest, rather than lower points on that slope which were closer to the IAC.

The attorney quickly filed suit against Dr. P, as the statute of limitations was approaching. Dr. P contacted her professional liability carrier, which assigned defense counsel to Dr. P. O's attorney voluntarily shared his expert's report with defense counsel, hoping to demonstrate a strong basis for an early settlement. However, defense counsel retained its own expert, who opined that the standard of care allowed for 2-D panoramic films for the purpose of implant planning, although acknowledging a deep split within the dental profession. Some dentists and organized dental groups asserted that (exactly because of anatomic situations as Dr. P found) 3-D studies were required prior to posterior mandibular implant placement, with other dentists and dental groups agreeing with this defense expert's stance. In part, the latter view is supported by the statistical fact that, according to recent assessments, only 29% of U.S. general/restorative dentists have on-site CBCT availability, with less than 2/3 of dental specialists having such access.

Defense counsel recognized that a motion for summary judgment--one seeking dismissal of the case without trial--would not be fruitful because such a motion can only be successful when, among other things, there is no legitimate difference between opposing expert opinions. Therefore, defense counsel thoroughly presented Dr. P with her options: (1) go to trial and ask a jury to determine whether she had run afoul of the standard of care, allowing them to award money to compensate O for his injuries if they determined that she did not meet the standard of care, and if that was causative of his injuries; or (2) trying to reach a pre-trial settlement, presuming that the carrier agreed with that prospect, which it did. Dr. P frankly said to her attorney that, in multiple continuing education classes she had taken, the need for pre-implant CBCT studies was discussed, for the very reasons highlighted in O's treatment. She further acknowledged that she would have to testify to that experience if asked at trial. Dr. P was concerned, so she authorized attempts to resolve the case. Because O's injuries were viewed, even by his own lawyer, as not severe, evidenced in part by O having never sought subsequent evaluations or care other than at the direction of his attorney, a modest settlement was reached.

Takeaways

It is the rule, and not the exception, that experts for plaintiffs and defendants will disagree, and that is also the case for dentists, outside of the litigation realm. Those disagreements take center stage during dental malpractice trials, with jurors left to determine which of the opposing positions they accept. As Dr. P reasoned here, it is rarely, if ever, simply a coin flip, because a host of factors play into jury determinations, so the pre-trial "prediction calculus" takes into account a common sense approach as to how lay people will most likely come to their conclusions on matters of science and professional expertise. Sometimes demeanors of the parties and/or experts carry the day. Sometimes the bases of expert opinions are determinative, and sometimes, as might play here, particular professional experiences in the dentist's past are of significance. While legitimate (not fabricated) differences of expert conclusions generally preclude dismissal before trial by way of motions, those differences will need to be resolved by a trial jury. There is no getting around that.

This case study briefly touches on the concept of statute of limitations (SOL), so a short description is in order. The SOL is the time following a claimed negligent event (or sometimes the subsequent discovery of that event) within which a plaintiff must file suit or be forever time-barred. Of course, as with so many issues in the law, there are nuances and issues which can serve to lengthen the allowable timeframe, but they are exceptions, with the statutory SOL generally being the bedrock. The concept of SOL is perhaps the most variable legal issue as between the States--or at least close to the top of the list--but it is a consideration for attorneys (or self-represented plaintiffs) to grapple with, and not something with which dentists need to familiarize themselves.

As the body of this case study references, divergent views exist within dentistry as to what radiographic techniques are "best" for various planned procedures or diagnostic approaches, which in the litigation arena often translates to opinions as to standard of care. Articles in respected journals present competing ideas. Some take the approach that dentists are in the most ideal position to make patient-based, procedure-based, and circumstance-based decisions as to which radiographic techniques--whether CBCT, panoramic, periapical, etc.--are most appropriate clinically. Others are more rigid, asserting, for example,

that nearly all invasive dental/oral surgical procedures require CBCT studies in advance. While we do not advocate here in either direction, dentists and oral surgeons ought to be aware of these opposing schools of thought and consider them in decision-making, realizing that jurors might get the final say. We end on a note about the decision faced by Dr. P. Given that she had a "consent-to-settle" policy, it was her right to refuse any type of settlement, regardless of the input or advice of her counsel or insurer. Had she not had such a policy, that decision would not have been hers to make. This is yet another issue for dentists to consider when choosing a malpractice carrier and policy.

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. 05/2026



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Location: Basic Science Building 433
SIM Lab



Guilherme Moura, DDS, MSc, PhD
Pongsakorn Poovarodom, DDS, MSc, PhD
Fabio Rizzante, DDS, MSc, PhD, MBA
Ignácio Troiano, DDS, MSc
And More

Course Description:

The Digital Dentistry Innovation Symposium and Workshop at the James B. Edwards College of Dental Medicine brings together innovators, educators, and clinicians to explore the rapidly evolving world of digital workflows in contemporary practice. Designed for both general practitioners and specialists, this program provides a comprehensive look at how digital technologies can enhance efficiency, predictability, communication, and patient outcomes. Through presentations and interactive discussions, participants will gain insights into both foundational and advanced applications of digital dentistry.

Learning Objectives: At the completion of the program participants should be able to:

1. Use digital planning tools to develop predictable treatment strategies for restorative and implant cases.
2. Evaluate the clinical indications, limitations, and integration of digital technologies within everyday dental practice.
3. Assess the impact of emerging digital technologies (including AI and automation) on treatment predictability and practice growth.
4. Optimize workflow selection based on clinical scenarios, material considerations, and patient-specific factors.



James B. Edwards
College of Dental Medicine

1st Digital Dentistry Innovation Symposium and Workshop

September 18, 2026

(Lecture Only)

8am - 5pm

(Includes Breakfast & Lunch)

Early Bird Registration Fee \$200

MUSC Alumni Discount: 20%

SCDA Members and

MUSC, CDM Faculty and Resident Discount: 50%

Until June 30, 2026

Registration Fee \$300

SCDA Members and

MUSC, CDM Faculty and Resident

Discount: 50%

Location: Basic Science Building

Auditorium 130

CE Credit: 7.0 hours

Registration Links:

<https://bit.ly/4vC6Cl1> - LECTURE ONLY

<https://bit.ly/4cScYLQ> - IMPLANT DIGITAL WORKFLOW HANDS - ON

<http://bit.ly/4cAStSF> - RESTORATIVE DIGITAL WORKFLOW HANDS-ON

Scan QR Code to Register



September 19, 2026

(Hands-On TWO OPTIONS)

8am - 12pm

(Includes Coffee Breaks)

Early Bird Registration Fee \$200

MUSC Alumni Discount: 20%

SCDA Members and

MUSC, CDM Faculty and Resident Discount: 50%

Until June 30, 2026

Registration Fee \$300

SCDA Members and

MUSC, CDM Faculty and Resident

Discount: 50%

Option 1: Hands-On Chairside CAD/CAM

Option 2: Hands-On Implant

(Guided Implant Surgery &
Immediate Provisional Restorations)

Both options have limited seating.

Location: Basic Science Building 433

SIM Lab

CE Credits: 4.0 Hours

<https://tinyurl.com/muscdigitalsymp>



**James B. Edwards
College of Dental Medicine**

ADA CERP® | Continuing
Recognition

The MUSC College of Dental Medicine is an ADA CERP recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The MUSC College of Dental Medicine designates this activity for continuing education credits.



SOUTH CAROLINA
DENTAL ASSOCIATION

SEEKING THREE MEMBER DENTISTS TO SERVE AS ALTERNATE DELEGATES TO THE ADA

SCDA members, this is your chance to take your volunteerism within dentistry to the national stage. As part of the SC-ADA delegation, you'll help shape policies and procedures that affect dentists and patients across the country.

Three Alternate Delegate At Large positions are open, with a one year term for 2027.

Applicants should demonstrate enthusiasm and support for the **SCDA**, its **mission**, **policies** and **procedures**. Candidates must comply with our conflict of interest policy and maintain objectivity during deliberations, regardless of personal preferences.

Candidates should display active or desired involvement with organized dentistry and a commitment to strengthening the presence and influence of SCDA. SC-ADA Delegates and Alternates are elected during SCDA House of Delegates this December.

Alternate Delegates will be asked to financially support ADPAC. The SCDA will reimburse travel expenses for required meetings.

All interested candidates should submit a letter of interest along with contact information and any questions to the SCDA Executive Director – lathamp@scda.org



SC-ADA Delegates and Alternates participate in approximately three to five Zoom meetings each year.



Delegates and Alternate Delegates are assigned to a Reference Committee, to become knowledgeable about specific resolutions and participating in associated calls and meetings.



SC-ADA Delegates and Alternates attend all meetings related to the 16th District Caucus (NC, SC, VA) and ADA House of Delegates, typically hosted in September and October.



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.

Pearly Whites, a new Myrtle Beach dental office is seeking **donated or low-cost dental equipment** to serve more patients in our community. We're looking for instruments, handpieces, lab equipment, and a Pan/Ceph unit. Know of upgraded, closing, or remodeling offices? Your support would be greatly appreciated. Dental.encompass@gmail.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@guardiantdentistry.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.

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

Associate Dentist- High growth opportunity. Join a respected 50-year dental brand as an Associate dentist with clear \$300,000+ earning potential. Enjoy a fee-for-service patient base, strong new patient flow, high case acceptance, advanced technology, and mentorship with autonomy. Ideal for a growth-minded doctor seeking to build skills in restorative, cosmetic and implant dentistry. Victoria@smilecarolinasc.com.

We are looking for a General Dentist to come in to work one day per week. Pediatric office looking for someone to see our teenagers and possibly some parents. We offer guarantee or percentage of production whichever is greater. We are located in **Rock Hill, SC**. Please email sodacitydental@gmail.com if you are interested.

Lexington SC-High end FFS only office seeking a PT or FT dentist to join our outstanding team. This is a great opportunity to join a highly respected, patient-centric practice with excellent compensation & benefits. Please send CV to gina@columbiadentalhealth.com

Coastal SC dental practice with 2 locations seeking full time associate. Come join our awesome team: competitive pay, qualifies for loan repayment, minutes from beach, great atmosphere! Email smiles@gentledentistrysc.com or call 843-520-4746.

Very busy and well respected office seeking a PT or FT dentist to join our incredible team in **Sumter**. This is a great opportunity to join our well established, patient focused practice with excellent compensation & benefits. Please send CV to gina@columbiadentalhealth.com.

Join an established **Camden, SC** dental practice offering full-scope care for all ages. Enjoy a 4-day week, modern technology including CBCT, and a supportive long-term staff. Earn \$300K-\$425K. Fee-for-service model 80-100 new patients monthly, mentorship and a clear partnership to ownership pathway today. abreakfield@ammons dental.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.

We are seeking a team oriented candidate who is compassionate with patient care. A registered **dental hygiene** license is required. The available position hours are M-Thurs 7:30-4:30pm. We offer competitive salary, medical insurance, dental benefits, matching 401k @ 4%, paid scrubs, paid time off and paid holidays. hhdentalteam@gmail.com.

We are seeking a **RDH** for our privately owned, multi-specialty dental practice. We offer flexible hours with an excellent compensation/benefits package. If you are eager to step into our high-producing, patient centric practice with an amazing team, please send resume to resumes@irmosmiles.com.

Full time RDH needed for private practice in **downtown Columbia**. Office hours are Mon/Wed 8am-5pm and Tues/Thurs 7am-2pm. Please email resume to frontoffice@nedsjenningsdmd.com.

Practices/Office Space Available

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

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@windsoroughtry.com/ 864-270-2706.

Specialist- New modern dental office in **Rock Hill** has two equipped treatment rooms available for sublease includes utilities, 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.

Greater Greenville, SC Dental Practice for Sale- Upstate South Carolina dental practice within an hour of Greenville. Five operatories in a free-standing building with real estate available. 760 active patients, 10-15 new patients/month. \$925K collections and \$270K SDE. Four-day week with growth potential. Contact bailey@headwaterstransition.com. Reference #SC31126H

Well-established **GP in SC** generating \$3.5M+ in annual collections.Ten operatories in use, and space for expansion. The practice employs multiple associates. Flexible real estate options: purchase, lease, or future purchase agreement. Robust practice with steady growth and efficient 51% overhead rate. Excellent, profitable opportunity for a seasoned professional. transitions@mcgillandlyon.com.

Premier medical office suites coming to **Halton Village**. For lease flexible suite sizes from 2,500-10,000 sf with elevator access and modern design. Conveniently located near Primsa, Bon Secour, Pelham Medical Center and Novant health. Q3 2026 delivery contact Glenn Young, Flagship Commercial Properties 864-384-4999

Turnkey dental office for lease in **Greer**. Former practice of Dr. Jack Davis. 2,140 sf with 5 exam rooms, reception area, break room, ample parking and excellent Wade Hampton frontage. Ready for immediate occupancy. Contact Glenn Young, Flagship Commercial Properties 864-384-4999.

Practice for Sale in **Mount Pleasant**- This elegant, efficiently designed four-operator practice is located in a high-traffic area. Supported by long-term staff, including two hygienists, the practice serves more than 1,400 active patients through a mix of self-pay, fee-for-service, and limited in-network participation. This turnkey office offers immense growth potential by expanding services. barry@adssouth.com.