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Dr. Samuel “Jack” Marsh

By Dr. Gene Atkinson, SCDA Historian

Dr. Jack Marsh, the president of the South Carolina Dental Association in 1988-1989 died Sunday, February 8, 2026. The following is his biography written by Dr. Gene Atkinson for the 150th Anniversary History of the South Carolina Dental Association book.



Dr. Samuel Jesse Marsh
B. 1936
President, 1988-1989

Dr. Jack Marsh was one of the early pediatric dentists to practice in South Carolina. He began his practice back in 1964 and continued to treat patients for over 50 years. Jack Marsh was born in Kingstree, South Carolina in 1936 to Jesse J. and Mary Elizabeth Snowden Marsh. He graduated in 1955 from Indiantown High School. Dr. Marsh’s college education was obtained at Presbyterian College, and he graduated from the Medical College of Virginia School of Dentistry in 1962. Afterwards Dr. Marsh remained at MCV for a two year residency in pediatric dentistry.

Dr. Marsh has been very active in leadership roles in dentistry through the years. Locally he has served as the president of the Greater Columbia Dental Association and the Central District Dental Society. In his specialty Dr. Marsh has served as president of the Southeastern Society of Pediatric Dentistry. From 1988 to 1989 Dr. Marsh was the president of the entire South Carolina Dental Association. During his presidential year he started out having to hire a new executive director in the first month. Among the accomplishments Dr. Marsh made during his presidential year was starting the legal process against the South Carolina Tax Commission to exempt sales tax from dental laboratory fees for prosthetic devices such as crowns, bridges, dentures, and partial dentures. The South Carolina Dental Association was successful in this lawsuit, which saved patients and dentists the burden of sales tax. Additionally during his presidential year, Dr. Marsh successfully negotiated a fee increase in the South Carolina state employees’ dental assistance plan. The biggest challenge Dr. Marsh faced that year was restoring fiscal stability to the South Carolina Dental Association after going through two new executive directors in the three previous years that had created severe financial woes. Our new executive director, Mr. Hal Zorn, a skillful administrator, helped the SCDA resolve these issues.

Civically Dr. Marsh served the community as a member of the Richland County Sertoma Club.

At Trinity Presbyterian Church in Columbia, Dr. Marsh served as a Deacon, Elder Scoutmaster, and chairman of the Capital Funds Drive. He also served as a trustee for the Presbyterian Communities of South Carolina.

Dr. Marsh enjoys his hobbies of fishing, collecting antiques, and duck decoys.

Dr. Jack Marsh was first married to Marian Stuckey Marsh, and they had two sons, Dr. Thomas David Marsh and Samuel Michael Marsh. He later married Tommie Smoak Marsh, and he has a step-son, Thomas Bly Triplett.

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My View: A Wake-Up Call From the Future for Dentists

By Dr. Carol Baker, SCDA President and Phil Latham, SCDA Executive Director

Organized dentistry is central to what makes our profession great. It protects our patients, advances clinical excellence, and safeguards the integrity of dental practice in an ever-changing healthcare landscape. Crucial to its strength and survival is membership. When dentists come together through organized dentistry, our collective voice becomes powerful enough to influence policy and elevate standards of care. It's a voice ensuring that the future of our profession remains in the hands of those who practice it. I write all of this to encourage you to read the following article that was part of the *January 2026 ADA News publication*. This article resonated true for so many readers that we asked and were granted permission to publish it in our SCDA bulletin. Read it, share it, and embrace it as part of your narrative to help grow our SCDA membership.

What dentists can learn from the rapid decline of the American Medical Association and job satisfaction. Can it happen to us?

In 2017, *U.S. News & World Report* ranked dentistry as the #1 "Best Job" in America. That ranking wasn't arbitrary — it reflected dentistry's strong salary potential, job demand and future prospects, low unemployment rate, and enviable balance of stress levels with quality of life.

Since then, dentistry has only grown in popularity. Dental schools have never been more competitive to enter, attracting some of the nation's brightest students who dream of a career that blends science, artistry, independence, and service. The profession enjoys a reputation as one of the most rewarding careers in healthcare.

Consider the numbers: In 1990, there were 5,123 applicants and 4,001 first-year enrollees, a 72.4% acceptance rate. By 2007, demand had skyrocketed, with 13,742 applicants competing for just 4,770 first-year seats, an acceptance rate of only 33.6%. Even in 2023, though applications dipped to 11,198, the expansion of dental schools still made for stiff competition. That year, 6,708 first-year students enrolled, with an acceptance rate of 58.6%. Meanwhile, the academic bar keeps rising: the average GPA of incoming dental students has climbed from 3.20 in 2000 to 3.66 in 2024.

For decades, dentistry has been one of the most respected professions in America. The work is rewarding, the hours are reasonable, and the financial stability is enviable. That reputation wasn't an accident. It was built brick by brick by dentists who stood together through the American Dental Association and state dental associations, shaping laws, protecting independence, and ensuring patients had access to care.

But what happens if everything we cherish about dentistry gradually disappears? What happens when a profession lives off yesterday's victories but forgets to protect tomorrows?

Why organized dentistry matters

How many times have you heard a colleague say, or maybe even thought to yourself, "Why should I join the ADA? What do they really do for me?"

It's a fair question, but here's the truth: organized dentistry is the reason we can still ask it.

Many see the benefits of organized dentistry's advocacy as background noise, rights that "just exist." They don't realize those rights only exist because organized dentistry fought for them. Without an organized voice representing us, dentists would be voiceless in the halls of power. Legislators would only hear from insurance lobbyists, corporate chains, or well-funded activist groups. Dentistry would be regulated, funded, and legislated by everyone except dentists.

But here's the problem: association membership is shrinking, and our profession is silently eroding its own future. Each year, fewer dentists join organized dentistry, leaving the burden of advocacy to a smaller and smaller group. Some become disengaged, focusing only on frustrations while overlooking the victories. Others expect protection without contributing, and when organized dentistry loses a fight or takes a stance they disagree with, they walk away entirely. When our collective voice grows weaker, policymakers and corporations step in to fill the vacuum.

Continued on Page 4

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Foreshadowing from medicine

If this sounds alarmist, just look at medicine. In the 1960s, nearly 75% of U.S. physicians were members of the American Medical Association. Over the past several decades, the AMA saw its membership plummet. As a result, physicians lost much of their influence over healthcare policy. Today, many doctors work in environments where insurance companies, government agencies, and corporate interests dictate how medicine is practiced.

As AMA membership fell below 15%, Medicare physician payments dropped 33% (adjusted for inflation since 2001). Those numbers aren't just statistics; they represent lost opportunities, rising burnout, overregulation and the steady erosion of a once-independent profession. Many physicians were driven out of private practice, taking with them a profound loss of autonomy. This isn't science fiction. It's exactly what happens when a profession stops standing together.

Physicians are still respected, but their ability to shape their own destiny has been gutted. Dentistry is not immune. If we follow the same path, we risk losing control over our profession. Decisions about how we practice, how we are reimbursed, and how patients view our role in healthcare could soon be made for us, not with us.

A warning from the future

Imagine opening your practice in 2040. You're no longer in control of your fees; insurance companies dictate them. Your autonomy in patient care is diminished; government regulations and corporate dental chains set the parameters. Patients see you not as an independent professional, but as a cog in a system that values volume over relationships.

The future of dentistry will not be decided by the loudest lobbyist in Washington or the biggest corporations. It will be decided by whether dentists themselves believe the profession is worth protecting.

A call to arms

The future of our profession depends on what we do now. Our prosperity was earned, not granted. Organized dentistry is our shield and our voice. Without strong membership, our ability to influence policy, protect patient relationships, and preserve professional autonomy will slip away.

Some of you may already feel disenfranchised, trapped by debt, overwhelmed by corporate pressures, or worn down by bureaucracy. But if you think it's difficult now, imagine a future of even higher burnout, financial strain, and loss of control.

So, the real question isn't, "What does the ADA do for me?" The real question is: *What happens if I don't join?*

The hard truth is that if too many dentists choose to free ride on yesterday's victories, tomorrow's dentists will not inherit the same profession.

This is our call to arms. Join. Renew. Most importantly, encourage your colleagues. When one of them asks, "What does the ADA do for me?" Speak up! Remind them that organized dentistry doesn't exist just for one of us, but for all of us. The future of your profession depends on you being an advocate for organized dentistry to those who choose to denigrate its importance to all of us.

Our profession that we worked so hard to become a part of is changing rapidly, not always for the better, but it will be exponentially worse if we lose our collective voice. By investing in organized dentistry, we preserve not only our careers but the very identity of our profession.

The strength of dentistry tomorrow depends on the choices we make today.

Dr. Bulnes was born and raised in Tampa, attended the University of South Florida to attain his undergraduate degree in chemistry and earned his DMD from Southern Illinois University in 2000. He then obtained his Advanced Education in General Dentistry in 2001 from Southern Illinois University. He is a Trustee to the Florida Dental Association and presently serves Florida as their representative to the American Dental Association Council on Governmental Affairs.

Dr. Wilson received his DMD degree with high honors from the University of Florida College of Dentistry. Following dental school, he completed a one-year fellowship in Oral Maxillofacial Surgery and a one-year Advanced Education in General Dentistry residency. Dr. Wilson obtained his Certificate in Periodontics from the University of Florida College of Dentistry. Following his residency, he opened Tampa Bay Periodontics and Implant Dentistry. Dr. Wilson is a Diplomate of the American Board of Periodontology and a Fellow of the American College of Dentists and the International College of Dentists. Dr. Wilson is a Past President of the American Academy of Periodontology and currently serves as Secretary-Treasurer of the American Academy of Periodontology Foundation, Editor for Florida's West Coast District Dental Association as well as Immediate Past President of the Hillsborough County Dental Association.

This article was reprinted with permission. It was originally published in the Fall 2025 issue of Check Up, a newsletter from the West Coast District Dental Association, a component of the Florida Dental Association.

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



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2026 SCDA Annual Session

By Dr. Carol Baker, SCDA President



[It's Registration Time!](#)

Mark your calendars and get registered! The 2026 SCDA Annual Session is headed to the Embassy Suites at Kingston Resort in Myrtle Beach April 30th-May 2nd! This is your chance to combine top tier continuing education, team-building and unforgettable fun all in one beautiful coastal setting.

Dentists and team members will find a full lineup of quality CE courses designed to sharpen clinical skills, improve practice efficiency and spark new ideas you can take back to the office to put into action. Between sessions, you'll have plenty of time to explore the exhibit hall, connect with industry partners, and discover the latest products and innovations that support patient care and practice success.

Be sure to carve out time to visit the SCDA Foundation Silent Auction, where you can bid on a variety of items while supporting a great cause. Every bid helps fund scholarships for dental students, as well as hygiene and assisting students. This is an easy and meaningful way to invest in the future of our profession.

Of course, it wouldn't be the SCDA without fun. Thursday night kicks off with Karaoke and Desserts, setting the tone for a relaxed and social meeting. Friday night brings our Yacht Rock Party, so break out your best smooth sailing attire and get ready for an evening of music, laughter, food, and networking with friends and colleagues.

Continuing education carries over into Saturday morning and wraps up at noon. This leaves just enough time to grab lunch and gear up for our inaugural Pickleball Tournament. Whether you're competitive or just want to be entertained, it's the perfect way to end the weekend on a high note.

Save the date, register early, and bring your whole team and family. The 2026 SCDA Annual Session at Kingston Resort is where education, fellowship, and fun come together. We'll see you there!



SCDA Spring District Meetings

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

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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.

If you have any additional questions or have recently retired, please contact Maie Burke at 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!

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



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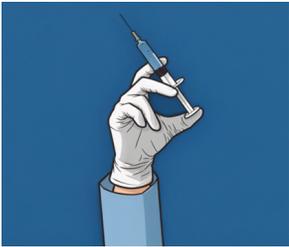
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IAN Injury After Local Anesthesia: Legal and Clinical Takeaways

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



In this case study, dentists will gain insight into how an inferior alveolar nerve injury following a routine mandibular block led to a malpractice lawsuit. These lessons underscore how clinical decisions and communication can significantly impact legal outcomes.

Key Concepts

- Nerve injury after local anesthesia
- Why informed consent matters
- Depositions and malpractice defense

Underlying facts

Dr. L, a general dentist, had been treating Y, a middle-aged woman, for several years, handling all of her dental needs. Y was generally healthy, with her only stated medical concerns being medication- and diet-controlled diabetes. Y presented with a straightforward, albeit deep, occlusal carious lesion treated with a composite restoration.

Concerned that Y might feel discomfort during the procedure due to the depth of the caries, he opted to give her a mandibular block using a commonly used 4% local anesthetic solution. [We opt here to refrain from identifying any particular brand name.] Dr. L gave the block as he had done so many times in the past, using anatomic landmarks to reach the specific injection site and aspirating prior to releasing the anesthetic. Y did not react as though she felt anything untoward, and she soon reported being numb in the areas expected. Dr. L performed a Class I restoration, using a base following the removal of decay, and then placing the composite material he had planned. Y was discharged home shortly after.

The following morning, Y called the office asking why her lower lip on the side of the treatment remained profoundly numb. The receptionist was unable to provide an answer, so she left a note for Dr. L to return Y's call as soon as he finished treating his current patient. Dr. L was surprised by what Y explained to him, so he asked her to come to the office to see him, which she did two days later.

On examination, Dr. L confirmed that Y was experiencing paresthesia to the region innervated by the mandibular nerve; he explained to Y that, in his opinion, the problem was due to a lingering effect of the local anesthesia, as he had not done anything else that was even remotely close to any portion of that nerve or the broader trigeminal nerve. He followed Y for several months, finding no improvement, and eventually referred Y to see an oral surgeon at about the 4-month post-treatment mark.

The oral surgeon agreed that the issue likely arose from the injection, but offered Y no surgical or other resolution, saying that nerve injuries induced by anesthetic shots were not amenable to surgical repair – generally because there was no sectioned nerve that could be “put back together” – and because, without any pain component to the injury, no medications were indicated. Y never regained sensation. Y asked Dr. L why he never warned her about this possibility, and he responded that he had never discussed that risk with any patient unless he was about to perform surgery near a nerve branch.

Legal action

Dissatisfied with that answer, Y did some internet research, learning that she was not alone and locating a local attorney who had handled cases like this before. That attorney gathered the needed records and asked a dentist, with whom he had worked on litigation matters before, to assist Y. The dentist, soon to serve as Y's expert, concluded, in addition to an inadequate obtaining of informed consent, that the injury happened as a result of two possible scenarios, both of which were negligent: (1) that Dr. L used an anesthetic agent which was well-known to be implicated in leading to nerve injuries when used for mandibular blocks; or (2) that Dr. L was unaware of “safe versus danger zones” for the delivery of the solution. A dental malpractice lawsuit was begun against Dr. L, claiming lack of informed consent and negligence in the choice of anesthetic and/or its delivery.

A sworn deposition (a usual component of the discovery phase of dental malpractice cases) was taken of Dr. L by Y's attorney, in the presence of Dr. L's attorney. During that proceeding, Dr. L was asked why he did not advise Y of this potential risk, and he responded exactly as he had done a year prior when responding to Y's same question. He was then asked about his injection technique, providing a solid and detailed discussion about piercing the pterygomandibular raphe, contacting the medial aspect of the ramus, and then



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advancing the needle toward the lingula after pulling back from bony contact “a tiny bit”, and then aspirating to determine that there was no vascular involvement, before slowly injecting the solution. A particularly adversarial portion of the deposition took place when the attorney asked Dr. L about his views regarding the use of the 4% solution of the anesthetic he employed: Dr. L was only minimally aware of the controversy within the dental community in that regard, so he was unable to fully justify his rationale for doing so.

Just prior to the trial, Y’s attorney abandoned his claim based upon technical and anatomic deficiencies in the injection process, essentially due to Dr. L’s strong deposition testimony on that issue, deciding upon going to the jury with the theories of lack of informed consent and the improper use of his chosen anesthetic agent. The expert on behalf of Dr. L, a dentist on school faculty, acknowledged that some dental schools did not permit the use of that specific anesthetic agent for blocks, even though his school did not have such a policy.

As was learned from attorney interviews with jurors after they rendered a verdict for Y, and awarded her a sizeable sum of money for her permanent injury, the members of the panel concluded from the testimony of Dr. L’s expert that, if there were some dental schools that did not permit the anesthetic solution at issue for block injections, specifically because of the same potential result as occurred here, there had to be a good scientific basis for the theory presented. On the other hand, the jury rejected the notion of lack of informed consent in this situation, with 2 jurors individually saying, “I’ve had a number of those injections, and my dentist never said anything about a potential nerve injury.” For the plaintiff to have been successful, as she was here, she needed to prove only one of her theories of malpractice that caused an injury.

Takeaways

This case speaks to the great importance of deposition testimony, both positively and negatively, toward the eventual case outcome; pre-trial testimony has the same force and effect as though it were elicited in a courtroom in front of a jury. Dr. L’s demonstrated expertise regarding the technique of giving mandibular blocks, including his knowledge of the related anatomy, led to plaintiff’s counsel dropping that claim from the case. Conversely, his lack of full understanding of the profession-wide debate about the propriety of using a particular anesthetic agent was arguably a significant factor in Y’s attorney’s choice of moving forward at trial in that direction and was clearly a critical consideration for the jury. The point to be made is that pre-deposition preparation, ideally in tandem with defense counsel, is critical to a case’s ultimate result. When carriers who defend dental malpractice cases on a regular basis choose their defense counsel, those attorneys are expected to be fully familiar with all potential and actual case issues, so that they can best guide their dentist clients through every litigation step; but with or without the guidance of veteran defense counsel, defendant-dentists do well when they fully prepare themselves so as to best self-advocate.

As to whether a particular anesthetic solution – or in fact any dental product – is appropriate for patient use in a given situation, we do not provide opinions one way or the other, instead leaving that set of considerations solely in the hands of the treating dentist. We do suggest, however, that every “judgment call” determination be based upon principles that the dentist is able to justify, in the event that a lawsuit arises about it later on.

Finally, we discuss the concept of informed consent in the context of local anesthesia. Strictly speaking, patients are always entitled to be provided with foreseeable risks, planned procedure benefits, and viable alternatives before the start of any and every dental procedure. Simply because many dentists do not routinely engage their patients in such a process, as this jury concluded to be the case regarding local anesthesia, does not mean that the process is not warranted; and simply because this jury decided as it did does not necessarily mean that another similarly situated jury would not act otherwise. It might well be that a robust informed consent process is not particularly helpful for success on the business end of dental practice, so that internal battle is left to each dentist to work through for themselves, always keeping patients’ best interests at the forefront. Informed consent is not solely a signed piece of paper titled “consent form,” but instead an interactive process between dentist and patient; the paper merely memorializes that process.

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. 02/2026



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Making Dental School More Affordable for South Carolinians

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



Dear SCDA member:

I am taking time this month to express what the South Carolina legislature's support of in-state tuition waivers for the 2025-2026 academic year means to our MUSC dental students.

After eight consecutive years of no tuition or fee increase and despite minor fee reductions in recent years, our tuition remained higher than that of many dental schools across the country. With the in state tuition reduction, our costs are now **on par with the national average**. This makes an extraordinary difference for our in-state students and we remain grateful to our state legislature.

I host monthly lunches or desserts with our student classes and student leaders. In those conversations, as well as in countless informal moments in our hallways and clinics, I have heard firsthand the relief this support brings. Many students describe the waiver as transformative for their ability to focus on their education and future careers.

I am deeply grateful for the South Carolina dental community and your understanding of the financial burdens that our students face today. **Thank you** for your support of the future of our profession.

More news from the James B. Edwards College of Dental Medicine:



Future dental students:

The South Carolina American Student Dental Association capped registration early for their on-campus recruitment event, Pre-Dental Day, due to capacity.



Giving Veterans a smile:

The week before Veteran's Day, our students, residents, staff and providers – many who have or will serve in the military themselves – provided free care for over 40 veterans in Charleston.



Confident clinicians:

Through a new leadership competency introduced in the fall, fourth-year students spend a full day assisting in running the student clinic.

Classified Ads

Dental Related Services

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

Local Tenens

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

Positions Available - Dentists

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

Come work with us and achieve greatness. We are seeking a PT dentist to join our busy general practice in **Columbia, SC**. Simply Smile is an updated practice with an energetic atmosphere. We offer great benefits, compensation, and the ability to work independently with a supportive and trained staff. Mon-Fri. new grads welcome. Send resume to simplysmile7457@gmail.com.

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

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

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

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

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

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

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

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

We are seeking an experienced FT or PT Associate Dentist for our growing privately owned, multi-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.

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

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

Positions Available- Staff

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

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

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

Practices/Office Space Available

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

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

SCDA
120 Stonemark Lane
Columbia, SC 29210

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

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

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@windsorroughtry.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.