



# SOUTH CAROLINA DENTAL ASSOCIATION

**Bulletin**  
**May 2025**  
Volume 53, Issue 5

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Published by the  
South Carolina  
Dental Association

Design: Maie Burke

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## Presidents Message

By Dr. Deidre Crockett, SCDA President



Please check your email for the **registration** link for the August 14-15, 2025 SCDA Annual Session or visit [www.scdadental.org](http://www.scdadental.org)

It's May so that means graduation time! Congratulations to all of the 2025 MUSC Dental School graduates!

### ADA Lobby Day in Washington DC

A contingent of SCDA members and ASDA members from MUSC descended upon Washington DC in April to meet with Senators, Representatives, and staff to discuss three selected items of

Legislation.

Lobby Day began with groups from all over the country networking and learning about the issues to take to Capitol Hill. Presentations on important topics such as Fluoride and Medicaid were given, as well as, techniques for proper messaging to Congress.

Our SCDA and ASDA members reunited with colleagues from various states and met new dental friends. We had many conversations with general dentists, specialists, and our AdPAC staff. AdPAC really put on a wonderful Lobby Day and provided the tools to be successful meeting with Congress. Our ADA leaders, ADA Executive director, and ADA lobbyists spoke with the Lobby Day delegation, and were available to answer our questions.

We met with our South Carolina U.S. Senators and staff on Monday and spent all day Tuesday with the U.S. Representatives and staff. The students presented our three items of legislation and answered all questions professionally. The students were clear, concise, and knowledgeable with their presentations on each topic.

Here are a **few points** from the ADA position sheets concerning items that were presented on Capital Hill.

### Fluoridation

"The ADA urges House and Senate appropriators to request that the National Institutes of Health conduct a rigorous study on claims regarding low-level fluoride exposure and IQ. This research will provide scientifically valid data to guide local policy decisions on community water fluoridation."

Concerning the 2024 National Toxicology Report, "Studies cited in the report focused on high fluoride levels (> 1.5 mg/L) in countries like China and India not US public water systems."

"The National Academy of Sciences, Engineering, and Medicine found that the NTP report lacked transparency and did not provide sufficient evidence to support its conclusions."

A few of the points brought up during discussion were the following:

- "Community water fluoridation reduces tooth decay and is recognized by the CDC as one of the greatest public health achievements of the 20th century."
- "Every dollar spent on fluoridation saves \$20 in dental treatment costs."
- "The ADA fully supports community water fluoridation at .7 mg/L as a safe, effective, and essential public health measure."

### **Supporting Dental Residents: The REDI Act - S.942 and H.R. 2028**

"The REDI act will ensure that medical and dental residents qualify for an interest free deferment on their federal student loans until after their residency is completed. It suspends both payments and interest accrual during the deferment period preventing additional debt accumulation."

"Dental students have an average debt of \$312,000." At **MUSC in South Carolina, it is over \$400,000 for many students.** "Many borrowers face 9.5% to 10.5% interest rates on federal direct unsubsidized, Stafford and grad plus loans." Without this act, tens of thousands of dollars is added to these students' debt while they are in a residency. "The REDI act is a critical step toward ensuring a financially sustainable future for our healthcare workforce."

### **Ensure Fair Dental Insurance Practices: The DOC Access Act - H.R. 1521**

"Many dental and vision plans dictate fees for services they don't even cover, restricting patient access and doctor autonomy."

"43 states have passed laws to protect the Dentist-Patient relationship from insurer overreach on non-covered services."

"This act only applies to dental and vision plans regulated at the federal level. It does not interfere with state insurance laws - instead, it reinforces protections most states have already enacted." "This bill would limit dental and vision plans from requiring providers to accept set fees for non-covered services, ensuring fairness in provider contracts."

Information is provided on the ADA website if you'd like to learn more about these legislative issues.

I would like to thank our Legislative Chair, Dr. Thomas Edmonds, for attending Lobby Day for the last 22 years. Dr. David Watson's relationships with our State Leaders on the National Level are invaluable and we appreciate his many years of service through AdPAC. The SCDA members and ASDA students who made the trip and gave their time to this Lobby Day deserve a wholehearted thank you as well!

### **May is National Dental Care Month!**

As we always do, remind your patients to review their hygiene routine. Take the extra minute to stress to patients the importance of daily brushing, flossing/waterpik for themselves and their family. Also, remind patients of their untreated treatment plan items. This is so they keep their dentition and take care of their existing dental restorations to avoid the next holiday...Root Canal Appreciation day on May 14th, 2025.

On a serious note, endodontists that treat my patients' root canals and retreats are invaluable and greatly appreciated. I'm fortunate to refer to endodontists that skillfully treat infected teeth to alleviate my patients' pain and suffering. Thank you endodontists and your caring staff!

Finally, thank you all for supporting our state and each other as members of the SCDA. We have a lot to be proud of and I am honored to serve you all.



*We are pleased to announce...*

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## Common Scams Abroad

By John Gobbels, COO of Medjet, an SCDA Endorsed Company



### Staying Secure: Avoiding Scams and Theft While Traveling

Scammers abroad are increasingly creative and bold, making situational awareness and proactive security measures crucial. Whether you're navigating crowded tourist spots or chatting with a friendly local, staying alert and following basic security practices can save you from major headaches.

Below are some of the most prevalent scams and security threats we've been hearing about, along with strategies to counter them.

### Pickpockets Are A Persistent Threat

Pickpocketing remains one of the most widespread security risks for travelers, particularly in high-traffic areas across Europe and Latin

America. Thieves may pose as distressed tourists, groups of kids, the elderly, or parents with babies.

Common tactics include:

- **Distractions** - bumping you, dropping items, "cleaning" your clothes
- **Group maneuvers** - one distracts while another steals
- **Opportunistic Grabs** - grabbing valuables left exposed in open pockets or bags.

### Prevention:

- Utilize an **RFID-blocking money belt** or an interior security pouch.
- Keep valuables in **front, zippered, pockets**.
- Remain **vigilant in crowded spaces**

### Guard Your Phone

**Phone theft** is rampant, with criminals swiping devices from hands or tables, often while speeding past on bikes or mopeds. Losing your phone can lock you out of key apps, finances, and personal data.

### Prevention:

- Keep your phone secure and out of sight in public.
- Step into a safe space to check your phone
- If you have an iPhone, follow [Apple's security guide](#)
- UK cyber security experts The Final Step also have great information on making your phone as impenetrable as possible in case it does get snatched, we've included that [link here](#) as well.

## Common Tourist Scams and How to Counter Them

### "I Found This, Is It Yours?"

- A scammer presents a "valuable" item, and when you say it's not yours they attempt to sell it at a "bargain" price.
- Response: Do not engage and walk away.

### The "Try It On" Scheme

- Scammers may offer jewelry, forcibly placing them on tourists and then demanding payment.
- Response: Firmly decline.

### Fake Discounts

- Phony "designer" products used to lure tourists.
- Response: Avoid transactions that seem too good to be true and don't follow strangers.

### Currency Shortchanging

- Scammers may use tricks to shortchange tourists.
- Response: Count your change out loud and be familiar with local currency.

### ATM "Helpers"

- These scammers offer assistance but are actually after your PIN code or cash.
- Response: Shield your pin, use secure ATMs, check for skimming devices.

### Bouncer-Enforced Overcharges

- A friendly (and often attractive!) local invites you for a drink, leading to an outrageous bill enforced by security.

- Response: Always choose the venue yourself and be wary of unsolicited invites.

### Phony Police

This one is the scariest one to me, and why it's good to know ahead of time what the police uniforms look like at your destination. Criminals may impersonate security personnel to gain access to your belongings.

- Criminals posing as officers to check "counterfeit money" or inspect passports
- Response: Insist on verification at an official police station

### Fake Front Desk Calls

- The "front desk" calls you at night saying there's a problem with your credit card.
- Response: Hang up and call the front desk yourself. If there is a problem, go down and handle it in person.

### Fake Hotel Staff

- Posing as room service or maintenance staff, these criminals gain entry to steal valuables.
- Response: Verify hotel staff identities by calling the front desk before allowing entry.

### Some Additional Advice:

- Digitally back up documents and share them with a trusted contact
- Use strong passwords and multi-factor authentication
- Avoid public USB ports or chargers without a data blocker
- Carry a decoy wallet with minimal cash and old cards
- Trust your instincts - if something feels off, exit the situation.

By integrating these security strategies into your travel routine, you significantly reduce the likelihood of falling victim to scams. Always stay informed, remain skeptical of unsolicited engagements, and prioritize safety over convenience. Safe travels!

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# Malpractice Minute- Three Dentists Sued for Malocclusion Mismanagement

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

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Treating patients with dental malocclusions requires careful evaluation and treatment planning. In this case study, after failing to correct a mandibular prognathism with aligners, a dentist refers the patient to an orthodontist. With the help of that orthodontist, an oral surgeon performs orthognathic surgery, but the procedures lead to root resorption. Later, the patient sues all three practitioners for negligence.

## Key Concepts

- Importance of malocclusion evaluation for both skeletal and dental issues
- Risks of multiple defendant dentists who had treated the same patient
- Benefits of collaboration among dental professionals

## Background Facts

T was a healthy 25-year-old man, 3 years out of college and trying to find his occupational path. T had excellent dental hygiene with a periodontium to match, but he had been bothered for years by what he often called his “Popeye jaw,” which he felt might be a factor in his repeated roadblocks in public-facing jobs. He discussed the issue with his longtime general dentist, Dr. G, who described the situation to T as a “large underbite.” Dr. G, who had recently completed a certification course given by a company that manufactured clear aligners, suggested placing those clear aligners, serially, to move the lower front teeth backward and the uppers forward, so that the lowers would be tucked under the upper front teeth. T agreed to the proposed plan, so treatment moved forward. But after a number of the serial aligners were placed and then replaced by the next in the series, T began to develop severe episodic bilateral jaw pain.

Unsure of what was taking place, Dr. G referred T to an orthodontist, Dr. O, with whom he had occasionally worked over the years. Upon seeing T, Dr. O took and then mounted an articulated set of study models, and obtained cephalometric and panoramic radiographs. Dr. O concluded that T’s problem was a skeletal malocclusion, caused by a combination of a prognathic mandible and a retrognathic maxilla, and not the dental malocclusion that Dr. G had begun to treat with aligners. Dr. O explained to T that she would need to place T in traditional orthodontic appliances to undo the severe tilting of the anterior teeth created by the aligners, which she believed to be the cause of the muscular pain T was experiencing. Dr. O further advised – with detailed explanation – that, after the teeth were “untilted” and a few rotated teeth were “unrotated,” T would need to be treated with orthognathic surgery to eliminate the skeletal-based bite issues.

T thought about Dr. O’s proposals for some time, getting opinions from family members and friends, some of whom encouraged him to go forward and others of whom discouraged it. But it was the ongoing discomfort that led T to take Dr. O’s treatment suggestion. Dr. O joined T and his father at the office of oral and maxillofacial surgeon, Dr. S. Dr. S wanted to review the diagnostics, in conjunction with intra- and extra-oral photographs that he took that day, so he asked everyone to reconvene 2 weeks later, at which time they would all discuss treatment options and potential risks. During that time period, Drs. O and S discussed T’s case, and expressed their approaches to T and his father when they next met.

The plan presented was that Dr. O would perform the orthodontics just as she had earlier thought, after which Dr. S would perform a Le Fort I osteotomy to advance the maxilla, and bilateral mandibular osteotomies to set that jaw back, thereby correcting the skeletal malocclusion. When the surgical sites healed, Dr. O would finish the process by making minor orthodontic movements to idealize the dental relationships vis-à-vis the “new” skeletal positioning.

Treatment went forward as expected, seemingly uneventfully. T’s pain resolved and he slowly returned back to his usual eating habits, with the approval of the treating doctors. However, his upper and lower anterior teeth were painful when he bit into hard foods like apples and bagels, and he became concerned about what he perceived as those teeth moving. When he returned to Dr. G for a recall exam and radiographs, it was discovered that he had a substantial amount of anterior root resorption that had never before existed prior to the whole course of treatment, which led Dr. G to refer T to a periodontist for evaluation. That periodontist completed a thorough periodontal assessment and then told T that the resorption was so significant – a fact that the periodontist found difficult to believe, given the relatively short treatment time – that he fully expected that T would lose between 6 and 8 of his 12 anterior teeth, likely within the next decade, if not sooner. T became extremely upset as he processed the likelihood of tooth loss and the costs that would accompany replacing them, plus the associated further delay in his career advancement.

## Legal Action

T sought and hired an attorney who was a dental malpractice “regular.” The attorney obtained all of T’s relevant records and had them reviewed by experts in orthodontics and oral surgery. Both concluded that the root resorption resulted from the inappropriate and repeated (back and forth) forces placed on the anterior teeth, over a relatively short time. They were unable to conclude whether it was the treatment of Dr. G or Dr. O, or both, which caused the mobility and presumptive tooth loss. The oral surgery expert would not say that the orthognathic surgery made that condition worse, but did say that Dr. S’s failure to inspect the condition of the anterior teeth before doing surgery led to his performing surgery which, at the very least, delayed diagnosis of the root resorption, so that the need for extraction going forward became solidified.

T's attorney instituted suit against all 3 of T's treating practitioners, asserting different roles: Dr. G and Dr. O, by way of their respective orthodontic treatments, exerted inappropriate forces so as to directly lead to root resorption. Dr. S failed to timely identify the root resorption prior to performing surgery, thereby postponing the discovery of that condition beyond the time when periodontal care could have been instituted to improve the chances of those teeth surviving. In addition to claiming, as damages, the anticipated loss of teeth and the procedures, with their associated costs to replace them, T also claimed lost earnings because missing front teeth is a far greater stumbling block to career advancement than the initial skeletal malocclusion, according to his attorney.

Once the suit was reported to the malpractice carriers for Drs. G, O, and S, each was assigned individual defense counsel. Unfortunately, but immediately, the attorneys for Drs. G and O began what would be a prolonged finger pointing exercise against each other's clients, claiming it was the other defendant, and not their client, who was truly at fault for the severe root resorption. Among the few things all defense counsel could agree upon was the entirely speculative nature of the claim of T's career advancement being stifled, in a man whose career was not going anywhere from the start. When presenting that argument to the court, the judge agreed and dismissed that portion of the claim.

With no pre-trial agreement able to be put together, the case proceeded to trial. With all 3 defendants presenting experts who defended the treatments, the jury found in favor of the oral surgeon, Dr. S, concluding that he played no role in the moving of the teeth – but only in the moving of the bones in which those teeth sat – and that there was insufficient evidence that any delay he might have caused had any substantial effect upon tooth loss. With Drs. G and O continuing to place blame on each other throughout the trial, the jury determined that it was impossible to know which portion of the root resorption was caused by each. But it was clear that each of them did play a negligent role in that result, so liability was split evenly between both.

### Takeaways

Anytime there are multiple defendant dentists in a single case, a risk always exists that they might become adversarial and “unjoined” in their respective defenses. It is for that reason that separate defendants are often represented by separate attorneys, even if those defendant dentists are insured by the same carrier, unless the facts and personalities are such that there is an unwavering sense that their defenses will not be in conflict with each other to any extent at all.

This case might well raise the question as to why T's future career activities were deemed impermissible due to speculation, while the prospect of future tooth loss was allowed to proceed in the case, as non-speculative. The answer lies with the background and underlying facts – a track record, if you will. Here, T had no employment or career track record, and his own initial presenting concerns included a lack of prior career advancement, so it would have been pure (impermissible) speculation to posit that, had the whole treatment course gone well, he would then have succeeded in some, as-yet-undetermined, career path. For context, contrast that with the non-speculative nature of an employee who is well entrenched in a job or profession, and loses income and/or opportunities due to negligent treatment. On the other side of the coin, experts in this case opined that multiple teeth, which now had objective, disadvantageous crown-to-root ratios because of root resorption, were likely to be lost prematurely, based upon dental evidence, clinically and radiographically, rendering it non-speculative. This is true even with disagreeing experts, because all would be basing their views on their opposing interpretations of scientific evidence.

While we generally stay away from assessing practitioners' clinical judgments, it is clear from the facts of this case that Dr. G did not engage in a complete pre-orthodontic work-up before starting aligner therapy, which was far different from the work-up performed by Dr. O. Aligner therapy is rapidly gaining in popularity, but some dentists do not view it as the orthodontics that it truly is, so it is not given the degree of planning comprehensiveness that traditional orthodontics is.

We end with what might be taken as totally obvious. Dentistry often involves treatment of a patient by multiple dentists, whether simultaneously or in succession. When that is the situation, and results do not turn out as hoped or expected, there can be a tendency among those dentists to point a finger of blame against one another, rather than to work together to solve problems and lead patients to the best possible results. The value of the latter in idealizing patient care and in helping to avoid litigation cannot be overemphasized.

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## ADA Contract Analysis Service and Other Contract Resources

By Phil Latham, SCDA Executive Director



In case you are unaware, the American Dental Association (ADA) offers assistance with contracts.

It's extremely important for dentists to understand their insurance provider contracts before signing so that they can decide what is best for their office and their patients, and to avoid an unpleasant surprise in the future.

The ADA offers a free contract analysis service that provides member dentists with a plain-language explanation of the insurance provider contract terms to allow them to make informed and independent decisions on the merits of the contract. The analysis is not a substitute for legal advice.

The ADA contract service also provides analysis of certain dental management service organization agreements. Member dentists can utilize the service at no charge by submitting an unsigned contract and an analysis request through the South Carolina Dental Association.

To learn more about the Contract Analysis Service, and for other dental insurance contract resources, be sure to visit the [Support on Dental Insurance Contract Issues](#) page on ADA's website.



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## Lobby Days: Formative Experiences Beyond the Classroom

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



Dear SCDA member:

MUSC dental students have made their South Carolina **American Student Dental Association** a vibrant and active student organization. I believe that one of the many reasons for its success is your involvement. SCDA leadership ensures that the student chapter is a gateway not just into organized dentistry but also to the professional community.

The annual lobby days are critical to the future of the profession. In addition to firsthand experience witnessing the influence of organized dentistry on legislative action, the students also get to know and learn from the SCDA leaders they accompany. Thank you for supporting the next generation of dentists!

On **State Lobby Day**, 16 of our students, from first years to fourth years, joined SCDA members in Columbia, SC. They observed the House of Representatives and the Senate in session. Senator Deon Tedder acknowledged their attendance, which is sure to be a lasting memory.

On **ADA Dentist and Student Lobby Day** in Washington, D.C. students and SCDA members joined over 900 students and professionals from across the country. Another student highlight was meeting South Carolina's senators.

As an educator, my hope for our students is that they gain an understanding of the impact of public policy on healthcare. This knowledge will serve them throughout their careers. I also believe that they will be inspired to continue their involvement with the ADA and SCDA.



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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)

**GoClear Orthodontics** is searching for a proactive and innovative orthodontist to join our growing practice. Seeking PT (2 days) or FT (4 days to join Dr. Avey and our team, primarily to help grow or Forest Acres/Columbia SC location. Competitive base salary with production-based incentives. We offer major benefits for FT including 401k, health insurance, etc. Email [docavey@goclearortho.com](mailto:docavey@goclearortho.com) for more information.

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).

**Midlands Orthodontics** needs an orthodontist to join our outstanding team Monday-Thursday. Our very busy state of the art office is located in Northeast Columbia. Dentist will have clinical autonomy. Compensation- guaranteed daily rate plus monthly bonus program. Benefits- health insurance, 401K, PTO, etc. Email [ellis3dmd@gmail.com](mailto:ellis3dmd@gmail.com) for more information

Established FFS dental practice in **coastal Carolina** seeks experienced dentist (2-4 days/week). High-tech, high quality multi-million dollar office. Strong team culture. Advanced CE a plus. Just 50 minutes from Savannah & Beaufort. Future ownership opportunity. Send resume and cover letter to Eliza at [info@c3results.com](mailto:info@c3results.com).

Dentist Needed in **Pee Dee Region**  
The SC Department of Disabilities and Special Needs is seeking a Dentist for the Pee Dee (Florence) and Saleeby (Hartsville) Regional Centers. 4-5 days/week preferred. Excellent state benefits including insurance, retirement, 15 days annual leave, 15 days sick leave, and 13 paid holidays. Apply now at [joinddsn.sc.gov](http://joinddsn.sc.gov) contact: [acarpen@ddsn.sc.gov](mailto:acarpen@ddsn.sc.gov)

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)

#### **Positions Available- Staff**

Looking for a New Dental Team member, for a **Full time Dental Hygiene** position in wonderful Irmo, Sc! 32-36 hours a week, 8a.m.-5p.m. Monday-Friday (60min recare/ 80min New Patients) Exceptional Pay!!!! Sign on bonus!! Please call/text 843-593-6428 [info@foxdentalstaffing.com](mailto:info@foxdentalstaffing.com)

Looking for a New Dental Team member, for a Full time **Front Desk** position in Beautiful Bluffton, Sc! Please call/text 843-593-6428 Join the team. We are looking for More Dental Team members, both temporary (FT) and Permanent (FT) positions in SC, NC and GA! [info@foxdentalstaffing.com](mailto:info@foxdentalstaffing.com)

Looking for a New Dental Team member, for a temporary **Dental Hygiene** position in the beautiful town of Beaufort, Sc! 7:30am - 4:00pm. Fun & Energetic Environment. EagleSoft & Dexis. 60min recare/80min New Patients/ 30 min child prophyl. Competitive Pay. All Proper PPE Provided. Please call/text 843-593-6428 [info@foxdentalstaffing.com](mailto:info@foxdentalstaffing.com)

**West Columbia, SC**- looking for a full or part time Hygienist to join our family practice. Fun, low stress environment. 401k, health insurance and monthly bonuses included. Call 803-755-3953 or email [airportfamilydentistry@sc.rr.com](mailto:airportfamilydentistry@sc.rr.com).

#### **Practices/Office Space Available**

A profitable periodontal practice situated in the **Upstate** Region of South Carolina, where 2022 collections totaled nearly \$1 million seeing patients 4 days per week. The one-story, stand-alone facility is 2,200 sq. ft., with 4 fully-equipped operatories. CS 8200 3D Neo Edition. Contact [matt.kosciewicz@mcgillhillgroup.com](mailto:matt.kosciewicz@mcgillhillgroup.com) for more information.

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

General Dentist Practice For Sale in Pawleys Island. General dental practice in the center of scenic **Pawleys Island** 6 operatories, open dental, stand alone building. 3,800 sq ft with lease back over term of 5+ years. [doctorholladay@hotmail.com](mailto:doctorholladay@hotmail.com).

**Columbia, SC** Dental Practice for Sale Well-established general dental practice just 20 miles from Columbia, SC, featuring 5 operatories (room for 2 more), \$1.447M collections, and \$360k EBITDA. With 2,000 active patients, real estate available, and flexible transition options, this is a prime opportunity. Contact Professional Transition Strategies: [bailey@professionaltransition.com](mailto:bailey@professionaltransition.com) or 719.694.8320. #SC11724

**Coastal SC** Dental Practice for sale. Wonderful practice for sale near the coast. 45 minutes from Beaufort and 1.5 hrs from Charleston. Collecting approx. \$1,200,000 in a stand-alone building on main thoroughfare with excellent visibility. This location offers an ideal balance between rural charm and coastal living. Contact Dr. Rod Strickland 843-290-8584 or [rod@legacypracticetransitions.com](mailto:rod@legacypracticetransitions.com).

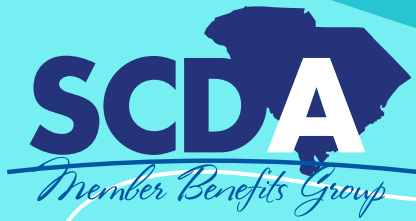
**N.E. Columbia** Dentist looking to retire. Great opportunity to own your own practice and be your own boss. Dentist and great staff willing to stay and help with the transition. Practice and stand alone building for sale. Reasonable price! [Brushandfloss@hotmail.com](mailto:Brushandfloss@hotmail.com) or 803-920-6669.

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. For detail contact [coopdent69@gmail.com](mailto:coopdent69@gmail.com)

**Spartanburg** county dental practice for sale with high visibility on a main thoroughfare. 1350 square foot office with 3 operatories for sale or lease, reasonably priced. 864-494-6165.

#### **For Sale**

For Sale: Antique oak **dental cabinet**. Marble top with multiple instrument drawers. Some pearl handle hand instruments included. Contact Charles Anderson 843-345-7268 \$2,500.



**In 2025, SCDA Members  
Will Be Saving on Products  
and Services such as:**

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



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for further information  
and free cost comparisons.

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or by email at **[scda@scda.org](mailto:scda@scda.org)**  
to learn how much your membership could save you.