SOUTH CAROLINA DENTAL ASSOCIATION

Bulletin
November 2024
Volume 52, Issue 11

A Meaningful Partnership with MUSC-Dean Huja

By Jim Howell, DMD, SCDA President

Inside this issue:

Published by the South Carolina Dental Association

Design: Maie Burke

www.scda.org

Toll Free in SC: (800) 327-2598

Facebook: SCDental
Twitter: SCDentalAssoc
Instagram: southcarolina dentalassociation

DENTAL BILL BECOMES LAW—South Carolina dentists and members of the Charleston Legislative Delegation, watch Gov. James F. Byrnes sign a bill authorizing establishment of a four-year state dental school as a department of the South Carolina Medical College at Charleston. No money has been appropriated for the school, but dental and medical authorities believe instruction may be able to start in the near future. Left to right are Dr. E. F. Mickle, Columbia, chairman of the Legislative Committee; Dr. N. W. McCauley, Columbia, librarian; Rep. Tracy Gains, Spartanburg; Dr. Gordon Stine, Charleston; Rep. William M. Grimball Jr., Charleston; Dr. Henry M. Duke Jr., Charleston, vice president South Carolina Dental Association; Dr. William M. Draffin, Columbia; Sen. Edgar A. Brown, Barnwell; Sen. J. D. Parler, St. George; Dr. W. M. Cheatham Jr., Columbia; Dr. Kenneth M. Lynch, Charleston, president of the Medical College; Dr. W. D. McDowell, Charleston, past president S. C. Dental Association; Dr. C. E. Saunders, Columbia, president S. C. Dental Association; Gov. James E. Byrnes (seated); Sen T. Allen Legare Jr., Charleston; Sen. James Leppard, Chesterfield; Rep. Frank Epps, Greenville; Sen. W. P. Baskin, Lee County; Dr. T. A. Pitts, Columbia, chairman of the Medical College board of trustees; Dr. A. F. Burnsides, Columbia, member of the Medfical College board; Dr. Carl L. Busbee, Conway, chairman, Dental School Committee; Dr. W. C. Hudson, Charleston; Dr. C. D. Falls, Woodruff; Dr. F. B. Hines, Hartsville, president-elect of the dental association, and Rep. Theodore Stoney of Charleston.

Legislation Establishing South Carolina's First Dental School, April 15, 1953

As members of SCDA, we are all proud to support the one and only dental school in South Carolina. The Medical University of South Carolina (MUSC) College of Dental Medicine was first authorized April 15, 1953, and in 1971, the first class graduated from the College of Dental Medicine.

New Dental School Foundation, 1968
Bob Williams; William Smith; Walter Hall,Chrmn. Prosth.; Ben Irby, Chrmn. Oral Surgery; Charlie King, Chrmn. C&B; Dean John Buhler, Herb Butts, Chrmn. Operative Kneeling: Dr. George Hoffman

Sophomore Dental Pre-Clinical Lab, 1971
L-R: Mac Carroll, John Sherer, Don Ahern, Tim McConnell, Charlie Hook, Clint Belk, Danny Guy, Randy Heffron, Bill Cofer, Danny Sneed.

Many SCDA members will recognize the pre-clinical lab pictured above and recall the countless hours spent on the lab bench but much has changed since the first graduating class worked in that lab. Today the College of Dental Medicine has a $61 million dental clinical education building for patient care, state of the art lecture halls, and simulation labs.

This year I had the opportunity to spend time visiting MUSC and interacting with the faculty and students, which has been one of the highlights of my year as acting SCDA President. I wanted to take time to update the SCDA membership on the growth of MUSC College of Dental Medicine and innovation that is being introduced to its students.

Leading the way of this innovation is Dr. Sarandeep Huja, DDS, PhD and Dean of the MUSC College of Dental Medicine.

"The way dentistry is going to be practiced is changing," Dean Huja said. "Dentists have the opportunity to be at the top of the pyramid and be healthcare leaders beyond oral health. I feel really optimistic about the future of dentistry."

Recently, I sat down with Dean Huja to talk about his vision for the future of MUSC dental students. Read a snapshot of our conversation:

What are you most excited about looking to the future of MUSC?
Dean Huja (DH): There are multiple things, but I find the medical-dental integration very exciting. It is extraordinarily relevant at this point in what we are trying to do with our rural expansion, to serve not only the Charleston area but the entire state of South Carolina. To do this, we are planning an expansion using a hub and spoke model with facilities in Florence, Marion, and Lake City.
Dental education is changing very rapidly. The task at hand is how do we partner to provide the best education for our students, to find the best faculty for our students, and to ensure that we remain a premier dental school in the country.

Can you expand on what this model will look like for MUSC dental students?
DH: The facility in Florence, South Carolina will serve as the hub with smaller clinics in Lake City and Marion. Residents will travel from Florence to Lake City and Marion on rotation. Initially, we will start with 2-3residents, but we hope to expand to four to six residents, depending upon the need. These residents

will be expected to do the same rotations and procedures as at any general residency practice program.

How has MUSC continued to provide quality education at an affordable cost to dental students?
DH: We've not raised tuition for seven years. Instead, we've strategically controlled costs. If fact, we have had small decreases student dental fees. In other areas, fees may be going up such as in our faculty practice each year but in student clinics the patient fees only go up minimally because we want dental students to get these experiences. For example, we have set the fee for a root canal at $10. There's also been a significant increase in the number of scholarships offered. We are about half way through our 10 million dollar MUSC scholarship campaign. In addition, we are also extremely grateful to the state for providing us with mitigation dollars, and we hope that the state will continue to support MUSC each year to allow us to not increase tuition.

How does the school's relationship with the American Student Dental Association & the South Carolina Dental Association benefit MUSC dental students?
DH: The SCDA does so much for us. The scholarships, endowments, and mentoring plan speaks to our great partnership. These initiatives inspire students to be a part of organized dentistry because you are helping to support young dentists who are going out into the community. This is just the beginning. I think it would be great to have SCDA members engage with students as mentors. What's most important is to engage our students and show them the value of SCDA membership.

What opportunities are there for current SCDA members to engage with the MUSC and its students?
DH: Whether you're an alum or a SCDA member, please inquire with us about opportunities available. We always need affiliate faculty who are dedicated and who are willing to cover clinic on a regular basis. We want dedicated clinicians to come and teach in our school and show our students what private practice looks like and what the opportunities are available beyond graduation from dental school.
I would also encourage any alum who are part of SCDA to keep in touch with the school. Things have changed since the time that they've graduated, and their support is much appreciated so that we can ensure a very bright and successful future for our students.

In my final newsletter I will provide follow up contact information for SCDA members interested in affiliate volunteer teaching positions at MUSC.

LOOK TO AN INNOVATIVE FUTURE FOR MUSC
I also had a chance to chat with Dr. Fabio Rizzante. He joined MUSC in 2022 as Associate Professor in what is now the Department of Reconstructive and Rehabilitation Sciences. In July of this year, he stepped into the role of Assistant Dean for Innovation.

Dr. Rizzante leads the college in pursuit of cutting edge dental education and creating a culture of innovation. Here is a snapshot of our conversation:
As the new Assistant Dean for Innovation, what are your main objectives or goals?
Dr. Rizzante (DR): A key component of my role is identifying and implementing technology and tools that will be sustainable and aligned with MUSC's strategic vision. In this position, I hope to bridge the elements of traditional and contemporary approaches in dentistry in a way that leverages new workflows to enhance outcomes in teaching, research and patient care, while respecting evidence-based approaches that are the pillar of our profession.

Can you describe the vision and mission behind the Innovation Lab?
DR: Our Innovation Laboratory represents our commitment to excellence, innovation, and changing what is possible in dental education and patient care. It is a core facility designed to serve as an internal laboratory and teaching center. Our students and residents are able to design and mill teeth and implant-supported restorations, as well as to design and 3D print models, night guards, and interim partial and complete dentures.

We hope for the Innovation Laboratory to be a state-of-the art facility to pioneer and support innovation in dentistry through research and evidence-based teaching and clinical care.
This collaborative environment will integrate and leverage technology to improve education, clinical efficiency, and patient outcomes.

What do you want people to associate with MUSC when they see the name on a CV or resume?
DR: On top of being exceptional clinicians and being able to provide comprehensive and compassionate care for their patients, I also want MUSC to be recognized as the center of excellence for the use of technology in dentistry, including digital dentistry. When a future colleague is interviewing for a position or is being sought for treatment, the regional (and national) community will be sure that MUSC dental students will be known for leveraging cutting-edge technology to deliver the best healthcare treatment in an efficient and predictable way.

SUPPORTING THE NEXT GENERATION OF DENTAL PROFESSIONALS
Central to our partnership with MUSC is providing access to education. Ashlea William, ASDA President, has been an integral part to the SCDA Board this year and provided great feedback on how SCDA can support the future leaders of our profession.

As a part of a recap for the year, I asked Ashlea to share an update on the MUSC ASDA chapter:
"SC ASDA is beyond grateful for the support and partnership with the South Carolina Dental Association. Our chapter has continued to grow in our understanding of the importance of organized dentistry thanks to the SCDA. By partnering with SCDA, our leadership has also grown tremendously in recent caucus and board meetings, sharing about future goals and dreams for the chapter. Most recently, the third year cohort met with their mentors through the SCDA mentorship dinner hosted at Drs. Laro, Poston, and Wade's office and had an incredible evening envisioning their futures.

Through the support of SCDA and Mona Ellis, our students have received significant financial help through scholarships to maintain focusing on school and studying for their future in dentistry. SC ASDA is forever grateful for the generous financial support from the SCDA membership dues. Our chapter has been able to grow in our membership and expand our programing thanks to the SCDA. We are excited to bring back the ASDA yearbook and to partner with SCDA on this yearbook to highlight our students and the future of organized dentistry."

SOUTH CAROLINA DENTAL ASSOCIATION

Payment Trends in Dental Practices

November 22, 2024

9:00 am-10:00 am

Via Zoom

1 Hour of CE

Webinar: In today's evolving dental industry, staying on top of payment trends is critical for maximizing profitability. Join Phil Nieto, President of Best Card, as he dives into the latest insights affecting your practice's financial health. This webinar will cover key questions you may not be asking your peers: How much are dental practices collecting in credit card payments? Have costs increased in line with inflation? And, most importantly, what should you be paying in credit card fees? Backed by over 15 years of data, you'll learn how the landscape of payments has shifted dramatically post-COVID, the rising costs of running card payments, and how making small adjustments can save your practice thousands annually. Don't miss this opportunity to take a closer look at the hidden costs impacting your bottom line and discover strategies to optimize your payment processes.

Register!

Implant Failure Leads to Liability Dispute

By Marc Leffler, DDS, Esq., MedPro Groupan SCDA Endorsed Company

Dental implant failures can damage patient trust. In this case study, a dentist refers her patient to an OMS for the placement and restoration of four mandibular implants. The patient complains when the implants fail, despite knowing the risks and violating home care protocol. Later, the patient accuses both practitioners of negligence.

Key Concepts

- Patient dissatisfaction and informed risk
- Disagreement between dental practitioners
- Proving negligence in malpractice litigation

Background Facts

D was a 72-year-old man who had worn a double-distal-extension mandibular removable partial denture (RPD) for many years, having lost all of his lower molars at various times in the past. From a health background perspective, D had type II diabetes, treated with diet management and oral hypoglycemic medications (A1c range 6.8%-7.3%), mild and well-controlled hypertension, and was a "social" pipe smoker. D had become increasingly dissatisfied with the fit and masticatory function of his prosthesis, so he presented to his longtime general/restorative dentist, Dr. R, looking for an alternative to what was in place.

After examining D radiographically and clinically, Dr. R viewed her patient as a suitable candidate for the placement of two endosseous implants in each lower posterior region, which would later be restored by placing fixed bridgework bilaterally. Dr. R did not surgically place implants as part of her practice, but she had much experience restoring them. So, she referred D to an oral and maxillofacial surgeon (Dr. O), with whom she often worked, to evaluate D for placement of the four planned implants.

Dr. O performed a CBCT study to go along with his clinical examination, reaching the determination that the treatment plan tentatively established by Dr. R was a viable one. Dr. O thoroughly discussed the "typical" risks of implant cases – both surgically and restoratively – with D. Dr. O particularly emphasized the potential for loss of the implants and/or the restorations placed upon them, explaining that diabetes might elevate the risk of non-healing, and that pipe smoking might add to that elevated risk. With that in mind, and based upon Dr. O's suggestion, D agreed to refrain from smoking his pipe until the entire case was completed. The informed consent process was memorialized in writing.

After receiving implant location input from Dr. R, Dr. O uneventfully placed four mandibular implants, all of which had a 4mm width and were at least 12mm in length. Dr. O planned to and did follow D at regular intervals for five months, at which time he determined that all of the fixtures had healed well and were ready to be restored. Dr. R then began the restorative process. Seven months after the initial placement surgery, Dr. R placed bilateral 4-unit bridges, employing the implants and both lower second premolars as abutments. Dr. R thoroughly discussed and demonstrated specific oral hygiene instructions so that D knew exactly how to maintain his new prostheses.

From D's first post-placement visit to Dr. R, and continuing into subsequent visits, it was apparent that plaque was not being adequately cleaned away from the areas of treatment, with worsening gingival inflammation, despite repeated advice from Dr. R and her hygienist that D needed to improve his home care. During one of those visits, D was asked about whether he was refraining from pipe smoking, and he candidly acknowledged that while he had done so for about six months after implant placement, he had re-started occasionally doing so thereafter. D was re-instructed regarding the need to continue to refrain.

Over the next months, radiographs demonstrated progressive bone loss with eventual mobility of the once-stable bilateral bridges. Dr. R and O jointly determined that the implants had failed and were in need of removal. Dr. R sectioned the implant-supported portions of the restorations from the crowns on the lower premolars, the latter of which remained stable and serviceable, after which Dr. O extracted the implants with their attached restorations. D expressed his displeasure to both practitioners, explaining that he spent an amount of money very significant to him, but that he did not receive the "product" for which he had paid. Neither practitioner was able to find any aspect of the case which was improperly conceived or performed – both of the treating doctors provided that same explanation to D. Dr. R offered to fabricate a new RPD, similar in design to what he originally had and offered to do so at a reduced fee, but D refused, instead demanding that all of the fees he paid be refunded to him. Both Dr. R and Dr. O declined.

Legal Action

D retained an attorney who had experience litigating dental malpractice actions. As was required in the state in which the treatment took place, the initiation of litigation was preceded by the attorney hiring a dental expert, whose practice included both the placement and restoration of implants. That expert authored an affidavit which accompanied the court Complaint, as was statutorily mandated. The thrust of the affidavit was that "both Dr. R and Dr. O had to have erred in their treatments in order for all of the implants to have failed, because it would otherwise have been an extraordinarily rare set of circumstances, beyond reason and expectation."

In response, the attorneys provided by both doctors' (now defendants') malpractice carrier each employed a litigation approach not often used, namely to make motions for dismissal in lieu of the usual denials of wrongdoing included within an Answer. The motions both incorporated similar opposing expert affidavit concepts: (1) that the plaintiff's expert's

language in the affidavit, that the defendants "had to have erred", is speculative, not pointing out any specific areas of negligence, but instead backwardly assuming impropriety in the process based upon an unsatisfactory result; and (2) that the plaintiff's own underlying conditions and inappropriate actions – diabetes (which was not under full control, thereby making healing potentially less ideal), inadequate oral hygiene, and smoking – were, alone or together, the basis of failure.

The court rejected the defendants' second concept, labelling it as being as speculative as the plaintiff's sole theory, but ultimately dismissed the case because of the speculative nature of the plaintiff's claim ("had to have erred", rather than "did err"), thereby failing to meet the necessary standard of proof to permit a case to move forward through the litigation process.

Takeaways

There is no question that the failed implant/restorative case presented here constitutes an injury, if not physically, then certainly financially. But, as we have discussed in other case studies, a plaintiff can be successful only when an injury – virtually any injury – is directly caused by negligent (inappropriate, non-standard-of-care, or other synonymous term) treatment. That negligent treatment, as well as its causal connection to injury, must be demonstrated by the plaintiff's expert, as more likely than not to be the situation. When the plaintiff fails to meet that legal burden, at any step along the litigation way, the defendant prevails, as the plaintiff's case will be dismissed. The message in this regard is that, while an injury is a necessary element of a case in professional malpractice, it is only one of three necessary elements, all of which must be proven by the plaintiff in order for it to survive and proceed.

Dental practitioners might well disagree as to the role, if any, of diabetes, poor hygiene, and/or smoking in the failure of clinical cases like the one presented here. And disagreements like those are what make malpractice litigation "battles of experts" with differing opinions. In most jurisdictions, experts are generally given wide latitude regarding the bounds of the opinions they render, so long as they do not venture into areas of "junk science," meaning espousing views that are completely not accepted by the dental community – separate hearings are held when issues of that type arise.

Factually embedded here is that both of these practitioners were insured by the same carrier, yet both had separate attorneys. This is far from an unusual event. Even though multiple defendants have a common insurer, if there is any reasonable likelihood that those co-defendants might, throughout their defense, take differing approaches which could be at odds with each other, the assignment of different counsel is provided so as to avoid any conflict of interest. In this case study, the defendants presented a united front, even though they had separate counsel, which deprived the plaintiff and his attorney of a too-frequent plaintiff's attorney's "dream" – a finger pointing exercise between various defendants, which almost invariably inures to the benefit of the plaintiff.

Finally, we note the prudent approach of Dr. R, who referred D to Dr. O to be evaluated, rather than to be treated . While the evaluation of D did ultimately lead to treatment by Dr. O, referring to a specialist for evaluation leaves the decision-making process, regarding whether or not to perform the treatment suggested by the referrer, entirely in the hands of that specialist. So, in situations where multiple defendants do become adversarial with each other, the prior independent determination by the specialist will likely end up being most protective of the doctors on both sides of the referral relationship.

As the nation's leading dental malpractice insurance carrier, MedPro Group has unparalleled success in defending malpractice claims and providing patient safety & risk solutions. MedPro is the nation's highest-rated malpractice carrier, rated A++ by A.M. Best. The Berkshire Hathaway business has been defending dentists' assets and reputations since 1899 and will continue to for years to come.
Want more case studies like these? Sign up today!

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. This document should not be construed as medical or legal advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your 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. 11/2024

Approved Procedures of Dental Assistants and Expanded Duty Dental Assistants

By Phil Latham, SCDA Executive Director

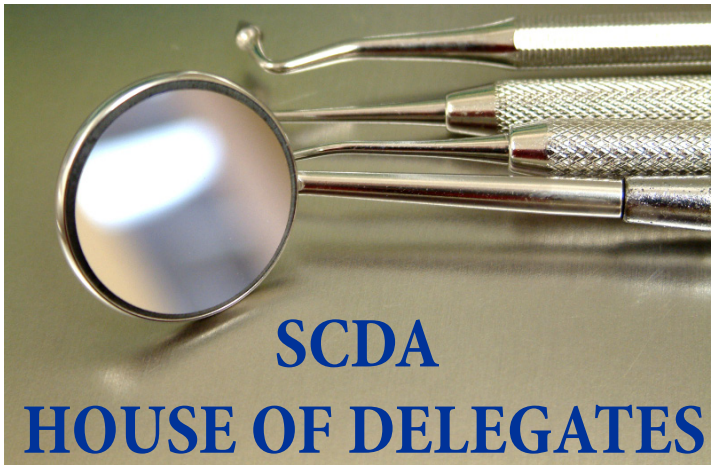
The South Carolina Dental Association often receives questions about procedures that can be performed by dental hygienists and dental assistants. Please read through the following for assistance regarding these questions.

The South Carolina Regulations provides an outline of approved procedures for dental assistants and expanded duty dental assistants.

Section 39–12. Approved Procedures of Dental Assistants.
These procedures must be performed under the direct supervision of a dentist present on the premises and licensed in South Carolina.
(1) Assist in basic supportive chairside procedures.
(2) Chart existing restorations, clinically missing teeth, and appliances within the oral cavity.
(3) Apply topical drugs as prescribed by the dentist.
(4) Place and remove rubber dam.
(5) Place and remove matrix.
(6) Place and remove orthodontic ligatures.
(7) Take and record vital signs (blood pressure, pulse, respiration, etc.).
(8) Expose radiographs upon completion of a Board approved radiation safety course.
(9) Place and remove periodontal packs.
(10) Remove sutures.

39–13. Approved Procedures of Expanded Duty Dental Assistants.
An Expanded Duty Dental Assistant is a dental assistant who is a graduate of an American Dental Association accredited dental assisting program, or one who has completed two (2) years of continuous full-time employment as a chairside dental assistant. In addition to the procedures listed for dental assistants, Expanded Duty Dental Assistants may perform the following procedures under the direct supervision of a dentist present on the premises and licensed in South Carolina.
(1) Take impressions for study models.
(2) Place and remove socket dressing.
(3) Place gingival retraction cord.
(4) Place temporary restorations.
(5) Cement temporary crowns or bridges.
(6) Remove excess cement from restoration and/or appliances.
(7) Polish restorations and supra-gingival tooth structure.
(8) Application of pit and fissure sealant.
(9) Monitor nitrous oxide anesthesia upon completion of a Board approved course and certification by the Board.

The South Carolina State Board of Dentistry has created a very organized chart that further explains those procedures for dental assistants, expanded duty dental assistants and dental hygienists. Please see the chart at the this link Summary of Procedures for Dental Hygienist and Dental Assistants.



Friday, December 6th

Registration 8:30 am
House: 9:00 am

DoubleTree by Hilton
2100 Bush River Rd
Columbia, SC 29210

SOUTH CAROLINA DENTAL ASSOCIATION

MUSC Innovation Lab Lets Students Learn Entire Digital Workflow

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

Dear SCDA member:

I am pleased to share with you an exciting new offering for MUSC dental students.

This semester, the college opened a state-of-the-art **Innovation Laboratory**. It is a comprehensive learning center, giving our students the possibility of learning the entire digital workflow, from the initial treatment plan and design to the final restoration. Located on the student clinic floor of our Dental Clinics Building, digital dentistry is at our students' fingertips.

In the Innovation Lab, **students receive dedicated faculty guidance and equipment** to mill, stain, and glaze the restorations they design. The opening of the lab also significantly increases our in-house capabilities to produce restorations, which will positively impact many of our patients by decreasing the time to complete fixed, removable, and implant treatments.

Today's students will bring valuable knowledge to their future practices and be better prepared to implement next-generation technologies. Moving forward, we will continue to invest in integrating digital dentistry throughout the predoctoral curriculum and reimagine how dentistry is taught. **It is our vision that future graduates will be proficient in the entire digital workflow.**

Fourth-year students Mr. Nicholas Bautz, Mr. Harrison Duckett, Mr. Sebastian Rodriguez, and Mr. Peter Uong in the new lab

Completed restorations from the new Innovation Laboratory


NOW HIRING
We are hiring for
Dentists & Specialists
• Guaranteed base pay
• Sign on bonus
• Student loan assistance
• PTO & holidays
• Immigration assist
• CE reimbursements
• Work/life balance
Go to careers.benevis.com or
Scan the QR code below to apply
benevis

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

Experienced General Dentist with 20 years in Public Health Dentistry available for **locum tenens or PT**. Need trusted coverage while you're away or an extra hand 1-2 days a week? I'm your solution for seamless and comprehensive patient care. Reach out today! 864-525-1797 or emailme@drmoniquewilliams.com.

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. 8 dental hygienists/19 op practice. Contact 843-560-2226 or drscottgarris@gmail.com.

We staff over 200 dental offices around the beautiful state of South Carolina. Now expanding into Georgia & North Carolina. Check out all of the dental opportunities right at your fingertips. Download the Fox Dental Staffing App! Search "**Fox Dental Staffing**" in App Store & Google Play, Register & Build your schedule http://www.foxdentalstaffing.com

Seeking an **Associate Dentist in Lexington** SC to join our practice. We offer competitive pay, benefits, bonus structure and a flexible schedule. Full and part time candidates considered. If interested or have questions, contact via text, phone 304-839-3867 or email tdbrittanye@gmail.com.

Seeking an Associate Dentist to join our practice in **West Columbia**. We can offer competitive pay, benefits, bonus structure and a flexible schedule. Full and part time candidates considered. If interested or have questions, please contact via text, phone or email tdbrittneye@gmail.com.

Busy and growing dental practice in beautiful **Fort Mill, SC** is looking for an associate general dentist to join our expanding team. Competitive and excellent pay for qualified candidate. Experience is preferred but not mandatory. State of the art facility, computerized and paperless. For more information or please contact beth@friendlydentalgroup.com.

Come work with us and achieve greatness. We are seeking a FT 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.

Fantastic opportunity for high earning potential! **Seneca Family Dentistry** is seeking a part-time or full-time Associate Dentist. We are a privately owned general dentistry practice located steps from Lake Keowee and 10 min to Clemson! Established office with exponential growth! Beautiful facility with state-of-the-art equipment, wonderful patient base and great support staff! Contact: Dmdword@gmail.com or 864-423-9190

Dentist needed in **Spartanburg SC** looking for FT or PT General Dentist for growing practice, competitive compensation. If interested or have questions, please contact with cover letter and CV 864-582-4441 or info@hillcrestfamilydentistry.com.

Prisma Health Dentistry welcomes applications from exceptional candidates to serve in a full-time, **clinical track faculty role**. This position will provide multidisciplinary comprehensive oral health and urgent care. Completion of a CODA approved Residency Program is required. Please send CV to carrie.dover@prismahealth.org if interested.

FT **Associate Dentist**- Ideal candidate will be motivated and committed to delivering exceptional patient care.We are a well established family practice that tries to keep up with the latest techniques and services. We also invest in our team and technology. If you love to learn and want to surround yourself with a fun collaborative environment, we are the practice for you. Lakewyliescdentist.com, email CV and cover letter to smile@carolinafamilydentistry.com.

Well-known **pediatric dental** office looking for partner. Perfect for work/life balance, office is 1.5 hrs from the beach. Competitive salary, benefits, and practice buyout available. Motivated individuals looking to practice pediatric dentistry in the Pee Dee region, email CV and cover letter to stewartbryant2020@gmail.com.

Charleston: Non-profit Charity Dental Clinic seeking applications for Dental Director. Prefer an experienced mission-minded individual with a desire to use dentistry in a public health setting. Unique opportunity to mentor the next generation of dentists while making a difference in the lives of those in need. Negotiable salary and benefits. Please send resume to admin@northcharlestondentaloutreach.com.

Well established **school-based** dental program looking for dentists to work in rural areas of Allendale, Dillon and Manning. The program has fixed buildings located on school campuses and provides preventive and restorative services to students in K4-12th. This is a perfect supplement to income or for a retiree looking to work one or more days per week. Salary and mileage are competitive. Hours 8am-3pm. Call Georgia at (803) 300-7028.

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

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

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

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

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

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

Irmo Smiles is a privately owned, multi-specialty dental practice located near Columbia. We are seeking an experienced FT Associate Dentist. The ideal candidate should be proficient in cosmetic and restorative dentistry, with an eagerness to step into a high-producing, patient-centric practice. Excellent compensation/benefits package offered. Interested applicants please contact Heather@irmosmiles.com.

Positions Available- Staff

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

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

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

Indian Land- Two dentist office seeking a **hygienist** to join our team! We strive for excellent quality with an emphasis on prevention and maintenance. Applicant should have experience with digital x-rays and Eaglesoft, and be comfortable educating and discussing treatment plans. Benefits include PTO, paid holidays, health insurance and 401K. suncitydmd@hotmail.com.

Looking for a full or part time **Hygienist** in Anderson. The office uses Open Dental software and the applicant should be comfortable educating and discussing treatment plans. Benefits include PTO and paid holidays. Clemsondmd@gmail.com or 864-423-0245.

Practices/Office Space Available

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

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

General Dental practice for sale. Highly profitable dental practice located in **Hilton Head Island**, SC. Affluent, recurring wonderful patient base and highly competent, experienced staff. Six operatories, Sirona CBCT, Eaglesoft, Primescan and more. Contact katherine@kldassoc.com.

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 builidng. 3,800 sq ft with lease back over term of 5+ years. doctorholladay@hotmail.com.

SCDA
120 Stonemark Lane
Columbia, SC 29210

UNLOCK YOUR PRACTICE POTENTIAL WITH BEST CARD

Best Card

SOUTH CAROLINA DENTAL ASSOCIATION

Special Limited Time Offer

$100 *Amazon Gift Card from SCDA*

$25 *Amazon Gift Card from Best Card*

$100 *Off Credit Card Processing Equipment*

Start using Best Card by December 31st, 2024, to lock in these rewards.

The average dental office annually saves **$6,496 | 27%** *annually*

Streamline your operations, boost efficiency, and save thousands!

The South Carolina Dental Association Endorsed Vendor Program is pleased to offer you these exclusive benefits with Best Card.

SIMPLIFY processing, automate patient payments, and reduce errors

SAVE thousands in processing fees

EXPERIENCE customer service from a dedicated, personal team

TAKE THE FIRST STEP

Get a no-obligations savings analysis and $5 Amazon gift card. Send a recent credit card processing statement to Compare@bestcardteam.com or simply scan this QR code.

Offer runs October 01, 2024 - December 31, 2024