



SOUTH CAROLINA DENTAL ASSOCIATION

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President's Message

By Dr. Carol Baker, SCDA President



October is recognized as Breast Cancer Awareness, Health Literacy, and National Dental Hygiene Month. Each has its own important message, but together they remind us that good overall health is dependent on the health of all systems. As dentists, we know that better than most. Our patients may come to see us because of a specific tooth or a scheduled recall, but while they are in our chairs, we have an opportunity to look at much more than teeth. We review medical histories and medications. We examine oral tissues, screen for abnormalities, evaluate periodontal health, and so much more. In many cases, we may be the one healthcare professional our patients see most consistently. That gives us an important role in the larger healthcare picture.

October's health awareness campaigns all tend to share the common theme of not waiting until something is wrong to pay attention. That philosophy is at the heart of dentistry. We encourage regular examinations and hygiene recalls, because prevention and early intervention are always preferable to waiting for a problem to become painful or more complicated. The same principle applies throughout healthcare. Breast Cancer Awareness Month reminds us of the importance of screening and early detection. In our own practices, oral cancer screening is an important part of what we offer to patients. A patient may not feel an abnormal area or recognize that something has changed, but a careful examination may identify a concern that deserves further evaluation. Those few minutes in the dental chair can be the difference between life and death. October's focus on health literacy and oral hygiene certainly resonates strongly with dentistry. We spend much of our professional lives educating patients, but education is only effective if the patient understands what we are saying and knows what to do with that information. Sometimes we need to replace dental terminology with everyday language. Other times we need to draw a picture or demonstrate techniques, such as proper brushing and flossing. A patient who understands the value of certain actions and knows how to perform the tasks necessary to achieve positive outcomes is much more likely to take ownership of his or her health.

October's health awareness initiatives offer an opportunity to stop thinking of oral health as something separate from the rest of healthcare. We should encourage patients to share relevant medical information and communicate with other healthcare providers when dental and medical care intersect. As dentists, let's add our own message to the conversation. Oral health is not separate from overall health. It is an essential part of it, and every patient who sits in our chair gives us another opportunity to help make that connection.

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

New ADA CDT Codes for 2027: What Dental Practices Need to Know

By Phil Latham, SCDA Executive Director



The American Dental Association (ADA) has approved significant updates to the **Current Dental Terminology (CDT) Code for 2027**, introducing **67 total changes** that will take effect on **January 1, 2027**. These include **28 new procedure codes, 33 code revisions, and six editorial updates**, reflecting the evolving landscape of modern dentistry and improving the accuracy of clinical documentation and insurance reporting.

For dentists, hygienists, billing teams, and practice managers, understanding these changes early is essential for maintaining compliance, minimizing claim denials, and ensuring appropriate reimbursement.

Highlights of the 2027 CDT Updates

1. Expanded Implant Procedure Codes

One of the most notable additions is the introduction of new codes supporting implant-related procedures. These include:

- Removal of a screw-retained indirect restoration from an implant body to facilitate treatment.
- Placement of a healing cap following implant placement, second-stage surgery, or restoration removal.

2. Major Expansion of Orofacial Pain Management Codes

The 2027 CDT Code significantly expands coverage for orofacial pain management with several new procedure codes, including:

- Occipital nerve block injections
- Peripheral nerve block injections
- Sphenopalatine ganglion injections
- Trigger-point muscle injections

These additions recognize the growing role of dentists in diagnosing and managing temporomandibular disorders (TMD), neuropathic pain, and other chronic orofacial pain conditions. Previously, many of these procedures lacked dedicated CDT reporting options.

3. Important Revision to Composite Crown Coding

The descriptor for D2390 (Resin-Based Composite Crown) has been revised to expand its clinical applicability.

Previously limited to anterior teeth, the updated descriptor allows reporting for both anterior and posterior teeth when clinically appropriate. This change better reflects current restorative techniques and materials used in modern dental practice.

4. Orthodontic Terminology Modernized

Several orthodontic descriptors have been updated to improve clarity and align with current clinical terminology.

Key revisions include:

- Replacing the term "auxiliary" with "adjunctive" in orthodontic appliance therapy.
- Clarifying that adjunctive orthodontic therapy may be performed independently or alongside comprehensive orthodontic treatment.
- Renaming the subcategory formerly known as "Minor Treatment to Control Harmful Habits" to "Adjunctive Orthodontic Therapy."

These updates help standardize documentation and reduce confusion among providers and payers.

Preparing Your Practice for CDT 2027

Before the new code set becomes effective, dental practices should:

- Update practice management and billing software.
- Train front office, billing, and clinical staff on the new and revised codes.
- Review documentation protocols for implant and orofacial pain procedures.
- Coordinate with clearinghouses and insurance partners to verify readiness for the 2027 code implementation.
- Update internal coding manuals, fee schedules, and compliance resources.

The ADA is offering a CDT 2027 and Coding Companion Kit to help prepare dental practices to use the new and revised codes. The kit includes the CDT 2027:

- Current Dental Terminology book and e-book with full code descriptors.
- The CDT 2027 Coding Companion: Training Guide for Dental Professionals book.
- E-book with more than 300 coding scenarios.

[Access the ADA](#)

A Checklist to Prepare Your Practice to Sell

By **Dr. Rod Strickland, DDS** | Legacy Practice Transitions

The best time to start preparing for your practice transition was three to five years before you sell. If that timeline's already behind you, don't worry — the next best time is today. Here's the list I walk clients through as they get closer to selling.

- 1. Meet with your financial advisor.** Tell them you're thinking about selling and ask what number you'd need to walk away with to retire comfortably.
- 2. Talk taxes with your accountant** before you list. How the sale price is allocated among goodwill, equipment and other assets can significantly affect what you keep.
- 3. Get a practice valuation.** It gives your financial planner a real number to work with. We update it every year at no charge, so you always know where you stand.
- 4. Don't take your foot off the gas.** Keep producing — banks and buyers both respond well to a practice that's trending up, not down.
- 5. Take an honest look** at your practice's condition. You don't need to gut the place; \$10,000–\$20,000 spent wisely can make a real difference.
- 6. Clean up your accounts receivable.** Old credit balances need to go back to the patient or, if you can't locate them, to the state under your unclaimed property law.
- 7. Take stock of your numbers** — payroll, production trends, supply costs. A good dental CPA or consultant can help you know what your ratios should look like.
- 8. Know your market.** If it typically takes two or three years to sell in your area, that's a sign to list sooner rather than later.
- 9. Be honest with yourself** about your timeline. Selling doesn't mean you have to stop practicing — plenty of dentists keep working part time after they sell.
- 10. Call a broker.** The best transitions I've been part of started years before the sale happened. We've built relationships across more than 3,000 transitions and 30-plus years in the business.

You spent your career building your practice. Take the time to build a plan for leaving it. Whether you're ready to sell next year or retirement is still 5 years away, we can help you understand what your practice is worth, identify opportunities to increase its value, and develop a transition plan that works for you. At Legacy Practice Transitions, we're always happy to have that initial conversation — no pressure, no obligation.



DR. ROD STRICKLAND

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SCAN TO VISIT

How a Dropped Crown Led to a Malpractice Lawsuit

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

In this real-life case study, dentists will learn how a swallowed crown can quickly become a patient safety event and lead to a malpractice claim. See why prevention, timely follow-up, and patient communication are essential aspects of reducing risk.

Key Concepts

- Swallowed crown led to malpractice lawsuit
- Preventive steps to reduce swallow or aspiration risk
- Compassionate communication and risk management

Background facts

E, a 64-year-old man who was markedly obese with type II diabetes and atrial fibrillation, presented for the insertion visit of a PFM crown on his upper right second molar, tooth #2. Getting to that point had been far from easy for both E and Dr. M, owing to limited opening ability and an excess of facial soft tissue. Preparation for the crown and impressioning had each taken a full visit for the very same reasons. Suffice it to say, as Dr. M later did, there was very little room to work in E's mouth. No local anesthesia was given for this visit; as Dr. M placed the crown for what would be the final try-in, his finger incidentally made contact with E's soft palate, causing him to gag and unexpectedly move forcefully, which then caused the crown to slip out of Dr. M's wet gloved hand, and out of sight. Dr. M, an experienced practitioner nearing the end of his career, who liked to work "solo", called an assistant into the room to suction the oropharynx of the supine patient, with the hope of finding the crown tucked into a tissue fold. The crown was not found.

Dr. M explained that he would need to take another impression because the crown had "slipped behind the mouth"; he did just that over the next hour. As E was being dismissed, Dr. M said that the crown will work its way down the intestines, to be voided in the stool: E should inspect his stool over the following few days, to the extent reasonable, but he shouldn't overly worry about it. E left the office, expecting to return in 10 days for the new crown to be inserted.

On the fourth day after this visit, E noticed that his stool was blood-tinged, so he called Dr. M to learn whether that might be related to the dropped crown, but Dr. M did not think so. He did, though, advise E to speak with his primary care physician if things worsened or even remained the same. The stool got redder toward the end of the week, so, that Sunday, he appeared at an urgent care center, where, upon hearing about the dental crown incident, the physician ordered an abdominal series of radiographs, which located the crown, appearing to be stuck in place at a sharp bend in E's colon. Arrangements were made for E to have a colonoscopy the following morning at a local hospital, where E was admitted for the night. Under deep sedation, a gastroenterologist removed the crown from the colon by using a grabbing instrument. When the crown was examined after removal, the gastroenterologist reasoned that the metal edge of the crown that projected below the porcelain portion — the margin — had likely dug its way just a small amount into a fold in the wall of the colon, preventing it from moving beyond that point to be expelled. Because of E's underlying medical conditions, he was kept in the hospital until the next day, at which time he was discharged without any problems or complications.

Legal action

Although E was willing to let the situation end without any further action, his wife was particularly annoyed about the hospital, anesthesiology, and gastroenterology fees, which were not covered by E's high-deductible medical insurance policy, as well as what she viewed as Dr. M's lack of caring, as demonstrated by his having never followed up with E about what had occurred.

An attorney was brought on board to sue Dr. M for dental malpractice, so that the out-of-pocket costs and a sum for pain and suffering could be recovered. The attorney's first step was to contact Dr. M's malpractice carrier, specifically its regional claims consultant. When all records were obtained and reviewed, the claims consultant explained to Dr. M that a supportive defense expert was unable to be located, even by a local defense attorney, so that a liability defense could not be mounted, other than by way of Dr. M acting as his own liability expert.

Dr. M realized that this was far from an ideal approach, so he agreed to attempts to settle the case, which

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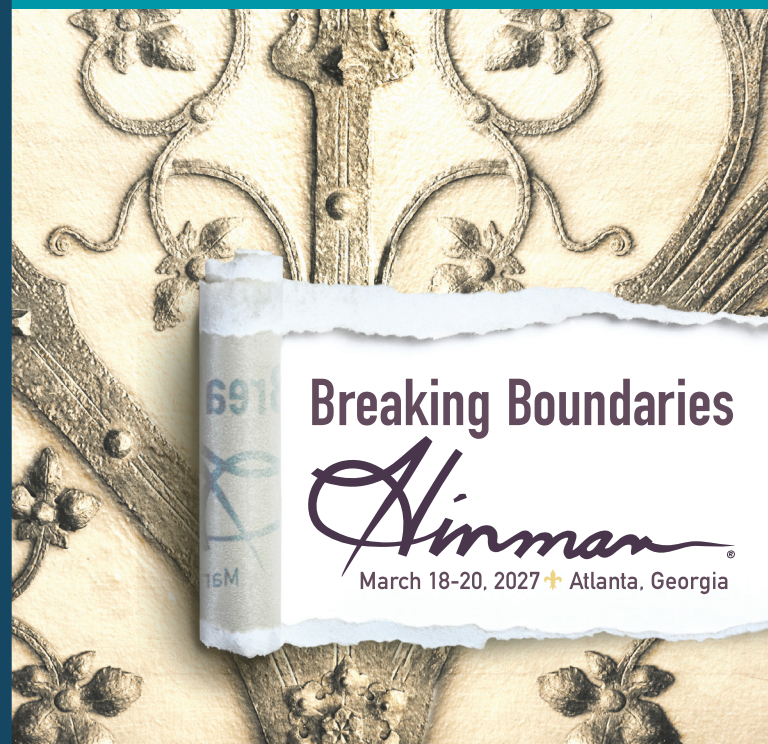
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Educational sessions will highlight the critical roles of nutrition, lifestyle, sleep and airway health in shaping overall vitality. Through this forward-thinking approach, our Meeting aims to promote a more comprehensive, preventive and personalized model of care, guided by the spirit of laughter and longevity.

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was accomplished for a relatively modest amount of money.

Takeaways

Under the best of circumstances, maintaining a grip on small objects placed in the mouth, using wet gloves, is fraught with the risk of losing control of the object — here a crown. When treatment is performed in the back of the mouth, that risk is magnified, and when the patient's anatomy makes the working space smaller than usual, the risk further increases. Adding to that, the gravitational considerations of a supine (rather than upright) patient maximize the likelihood of a dropped object being swallowed or aspirated. Each of these "weak points" can generally be mitigated: oropharyngeal packs are placed to try to physically block the backward and downward path, particularly when rubber dam cannot be used; working with a watchful, suctioning chairside assistant provides extra hands, extra eyes and extra protective devices; and seating a patient in as upright a position as possible can mean the difference between a dropped object falling harmlessly into the floor of mouth where it is easily retrievable, and a swallow/aspiration event.

Any and every time that an object is placed into the mouth, or one becomes free-floating in the mouth, and cannot be accounted for, it should be assumed to have been swallowed or aspirated unless proven otherwise, generally by radiographic evidence either way. As a general rule, the sooner the patient is able to be placed into the care of medical colleagues for locating and treating, the less the ramifications will be. That does not necessarily mean that dental procedures must always be stopped in their tracks, but it does mean that, as soon as it is safe for the patient to move on for definitive care, the better off they will usually be. Because physicians are often less than fully aware of dental materials and instruments, it is helpful to them if a photo example, or actual example, is provided to the patient to pass on to their physicians, so that they know exactly what they are looking to locate.

Two considerations which quite often lead patients to seek legal advice are unexpected and unreimbursed costs, and a perception that their dentist did not truly care about them, particularly when things did not go as planned. The former is unpredictable, and it ended up here as one of the main drivers toward legal action, but the latter can almost always be avoided. Prompt and repeated follow-up communication, by the dentist, rather than an office staff member, with patients; and demonstrating a genuine interest in patients, as people and not only "receivers of dentistry"; can go a long way toward heading off involvement of lawyers.

Not all patients and not all similar procedures are the same, whether because of underlying medical issues, patient anatomy, patient size, patient attitudes, or limited mobility. So, a one-size-fits-all approach is rarely, if ever, a helpful treatment mindset to adopt.

Finally, we address the circumstance here, where no liability expert could be found to help to defend Dr. M. While not very common in the defense of dental malpractice claims, it does occasionally pop up. In most, if not all, jurisdictions, dentists are legally permitted to serve as their own experts. But in the eyes of jurors, that is often a difficult sell. In this situation, as well as all other litigation-related issues, dentists are counseled by their defense attorneys, whether the news is easy to hear, or not.

Summary of takeaways:

- Take an objective, measured approach to patient communication
- Avoid criticizing prior care without full context
- Maintain thorough documentation to support care decisions

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. 09/2026



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OSHA Is Reconsidering Workplace Safety Rules: What Dental Employers Should Know

By Rebecca Ossevoort MS, ATC, Total Medical Compliance an SCDA Endorsed Company

As workplaces, technology, and safety controls change, OSHA periodically reviews its standards to determine whether existing requirements should be updated, clarified, or removed. OSHA is currently considering a series of deregulatory actions intended to modernize workplace safety standards, eliminate requirements the agency considers outdated or duplicative, and provide employers with greater flexibility in complying with certain requirements.

Respiratory Protection Standard - Medical Evaluations

Currently, employers generally must provide a medical evaluation before an employee may use a respirator. OSHA has proposed removing certain medical evaluation requirements for employees using filtering facepiece respirators, such as N95s, and loose-fitting powered air-purifying respirators (PAPRs).

If finalized, this could affect respiratory protection programs in some dental settings. However, the proposal does not change current requirements. Employers must continue complying with existing medical evaluation requirements while the rulemaking process is underway.

OSHA Is Reconsidering How the General Duty Clause May Be Applied

Section 5(a)(1) of the Occupational Safety and Health Act requires employers to provide a workplace free from recognized serious hazards when no specific OSHA standard addresses the hazard.

OSHA has proposed clarifying that the General Duty Clause would not be used to enforce certain hazards considered inherent and inseparable from the core nature of a professional activity or performance. This would not eliminate employers' responsibility to address preventable workplace hazards or comply with existing OSHA standards.

Proposed Chemical Standard Changes

Additional proposals would revise respiratory protection provisions in several substance-specific standards, including formaldehyde and ethylene oxide—chemicals that may be encountered in laboratory, pathology, or sterilization environments. Employers should continue to maintain accurate chemical inventories, Safety Data Sheets, exposure assessments, and Hazard Communication Programs.

Proposed Does Not Mean Final

A proposed OSHA rule is part of the federal rulemaking process. OSHA publishes the proposal, accepts public input, evaluates comments and other information, and may ultimately issue a final rule. The final requirement may differ from the original proposal—or the proposal may not become a final rule at all.

OSHA's informal public hearings on several of these deregulatory proposals were conducted in late August 2026. Until OSHA finalizes any changes, dental employers should continue to follow the standards currently in effect, including requirements for training, medical evaluations, fit testing, exposure assessments, and documentation.

In the meantime, the proposed changes provide a good opportunity to review existing safety programs. Confirm that written policies reflect current requirements, employees are receiving required training, established procedures are being followed, and the Hazard Communication Program accurately reflects the chemicals present in the workplace.

OSHA's deregulatory efforts may eventually modify or simplify certain employer obligations. For now, however, employers should monitor the rulemaking process and wait for final action before making compliance changes.

For guidance on your practice's OSHA workplace safety policies and staff training requirements, contact SCDA's endorsed company, Total Medical Compliance at 888.862.6742 or Service@TotalMedicalCompliance.com.



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I am writing to sincerely thank you for selecting me as a recipient of the S.C.D.A. Scholarship. I am incredibly honored and grateful for your generosity and for your support of dental students pursuing a career in dentistry.

Receiving this scholarship means a great deal to me as I continue my education at the Medical University of South Carolina College of Dental Medicine. As I prepare to pursue a career in Oral and Maxillofacial Surgery, the financial support from the S.C.D.A. has given me opportunities that I otherwise may not have been able to pursue as fully. It has helped make it possible for me to apply to oral surgery programs and travel to complete externships, where I have been able to gain valuable clinical experience, learn from oral surgeons, and better understand the type of surgeon I truly hope to become.

I am especially thankful that your organization chose to invest in me at a time when I am working so diligently towards my lifelong dream. I feel very lucky and extremely blessed to have your support along the way in my journey. Your generosity has not only helped me immensely financially, but has also given me the opportunity to pursue experiences that are shaping my future career.

Thank you again for believing in me and supporting me through my experience of dental school. I am truly honored to be a recipient of this scholarship, and I hope that one day I can give back to the dental profession and support future students in the same way that the SCDA has supported me.

With sincere gratitude,

Tousani Mukhopadhyay, D.M.D Candidate class of 2027
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Three Alternate Delegate At Large positions are open, with a one year term for 2027.

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

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

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

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



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



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



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



Classified Ads

Dental Related Services/Temps

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.

General Dentist offering temp services. 30 years experience, will provide temp services in your office. Restorations, C&B, endo, implants, removable and hygiene exams. No children or medicaid. Daily rate of \$1,300 within 60 miles of Summerville. Outside 60 miles is negotiable. Contact Shawn drshawnt@yahoo.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. 10 dental hygienists/23 op practice. Contact 843-560-2226 or drscottgarris@gmail.com.

Charleston area practice seeking PT/FT Associate Dentist- in highly visible, established, busy, advanced digital practice. 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@guardiandentistry.com.

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

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

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

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

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

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

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

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

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

Associate Dentist – Full-Time **Myrtle Beach, SC** | Carolina Forest Pearly Whites Dental is seeking a full-time Associate Dentist to join our growing Carolina Forest practice. Enjoy a modern facility, supportive team, strong patient base, clinical autonomy, and excellent earning potential. Future partnership/ownership opportunity available. Pearly Whites - Dental Carolina Forest, Myrtle Beach, SC Apply today! dental.ecompass@gmail.com

Dentists Needed for **School-Based Dental Program**. Are you passionate about children's oral health? We provide preventive and restorative services to children in K4-12th grades. We have locations in Allendale, Dillon, Clarendon, and Hampton counties. We can work around your schedule during school hours. Pay is competitive and mileage is provided. We have a full team of dental assistants and hygienists. Contact Georgia Famuliner (803) 300-7028 or gfamuliner@welvistasmiles.org

We are seeking a licensed dentist to provide care at our dental clinic on Fridays. This is a paid position. Our services include evaluations, cleanings, basic restorative and extractions to residents of **Georgetown County** who are uninsured. tjones@helpinghandsofgeorgetown.org.

Full time opportunity in Spartanburg!

A dentist who enjoys plenty of time off. Along with 8 weeks vacation and free days you can average a 2.5 day work week but paid for 5 days. Competitive salary, paid malpractice, license and DEA renewals, plus offering health insurance and 401K. 706-284-9581.

Positions Available- Staff

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

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

Practices/Office Space Available

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

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@mccgillandlyon.com.

Laurens SC- Turnkey dental practice below market value. Over 2,100 sq ft dental office with over 75 yrs of community trust. Located within walking distance of historic downtown Laurens. This practice sits in the heart of a charming southern community. Office offers 2 ready to use operatories, 4 rooms primed for expansion and a digital panoramic x-ray. Walk in hang your degree and start practicing. www.518harper.com.

Eastern SC: Established general practice. Collecting \$2.2M a year. Stand alone building with 7 ops. Room to grow. Real estate available. Highly profitable doing only bread and butter dentistry. Contact Ben Stewart at benjamin@bridgewaytransitions.com or 614-402-2936.

Murrells Inlet, SC dental practice for sale. Turnkey Coastal practice with 4 equipped operatories, CBCT, trio scanner and a 5th operatory plumbed for expansion. Affordable lease at \$3,662/month. Ideal for a first time owner or growing dentist. Asking price \$495,000 Brad Simpson 910-465-1990, brad@encompass-ihc.com.

Myrtle Beach, SC Private Practice

for Sale Market Common Dentistry – Established 3,934 sq. ft. private practice featuring 9 fully equipped operatories, \$2.5M in annual collections, and no PPO participation. Prime Myrtle Beach location with outstanding visibility. Seller will assist with transition if needed. Serious inquiries only. Jemillsdds@aol.com No brokers, please.

General Dentistry practice for sale, FFS, 6 ops, A++ location. Perfect satellite office in center of **Pawleys Island**. Currently open 1-2 days a week. Refer out all endo/surgery/ortho. Asking price 182K. Land/building for sale or lease. doctorholladay@hotmail.com.

Florence, SC: Turnkey dental practice for sale. Over 1,800 sq ft. with four operatories (three furnished and one plumbed for expansion). Digital x-ray, fully furnished reception room, break room and lab. Ideal for a first time owner. Contact hwhdmd@yahoo.com

North Mt. Pleasant - Turnkey Office for Sale or Lease: 2,770 SF office fully built out for Periodontics practice in 2024, located within Ivy Hall dental park. Can be periodontic, prosthodontic, or orthodontic practice per regime for protection against duplicate onsite operators. Contact Ben Perrone ben@factotumrealestate.com

Upstate South Carolina endodontic practice - five treatment rooms, including four fully equipped operatories. This fee for service practice completed 540 root canals over the last twelve months and reports \$1.251 million in collections with \$545,000 in SDE. Real estate is available. Contact Professional Transition Strategies for details: bailey@theptsgroup.com. Reference #SC82626.

Oral Surgery Practice for sale. Established OMS office in **Summerville's** Nexton area with a strong referral base, modern facilities and an experienced team. \$1.6M annual collections. Turnkey opportunity with flexible transition. Confidential inquiries: Rob Bennett 706-267-8359, rob@shelbourneface.com.