



SOUTH CAROLINA DENTAL ASSOCIATION

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Inside this issue:

Malpractice Minute	4
16th District Update	6
Campaign Workshop	7
MUSC Update	8
Classifieds	10

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Presidents Message

By Dr. Deidre Crockett, SCDA President



Fall is here, and your District meetings are now completed. I'm sure all our districts had successful meetings and welcomed new members. October is a busy month for organized dentistry.

Our SC Delegates and Alternates to the ADA will be meeting in the coming weeks to review and discuss every resolution submitted to be voted on at the upcoming ADA House of Delegates. Soon after, the 16th District Caucus will commence prior to the ADA House of Delegates. The SC, NC, and VA Delegates and leadership will meet October 10th - 12th in Raleigh, NC. There, the resolutions will again be discussed

in detail and reference committees for each topic will meet. Each resolution is placed under one of four reference committees (RCs). It is at these RC meetings that more in-depth discussion take place. Members that serve on ADA level committees will offer information and insight into discussions. All opinions and experiences are taken seriously for our caucus to come to an agreement or table for more discussion at the ADA HOD.

The ADA HOD brings dentists from all over the nation together. This year's ADA HOD will commence October 25-28th in Washington, DC. There, our 16th District caucus will meet again. Prior to the caucus meeting, more information will be gained from the very large Reference Committee meetings held in DC. There, members from all over our country will give statements (pro or con) concerning resolutions or suggest amendments.

All of the reference committee discussions and consent agenda decisions are documented in writing, and made available for the all day District Caucus meetings the following day.

Resolutions not on the consent agenda are discussed and debated by our caucus members. The participation of our state elected Delegates and Alternates is vital for informed decisions to be made.

The following day is our final ADA HOD meeting with the resolutions being voted upon by delegates. ADA officers are also elected at the ADA HOD. It's a whirlwind meeting but let me assure you that everyone is focused on making the best decisions for our members and the public.

Below is a list of our delegates and alternate delegates that will travel to Washington, DC representing South Carolina:

Delegates

Dr. Monica Cayouette
Dr. Deidre Crockett
Dr. Daniel Hall
Dr. Anna Louise Hicklin
Dr. Julia Mikell
Dr. David Moss

Continued on page 2

Alternate Delegates

Dr. Carol Baker
Dr. Hannah Bannister
Dr. Jim Howell
Dr. Sarandeep Huja (Dean MUSC)
Dr. Greg Millwood
Dr. Meredith Papadea

SCDA

Mr. Phil Latham ED
Mr. Mark Brown Associate ED

At our South Carolina House of Delegates on December 5th, Dr. David Moss will present a report with decisions made at the Washington meeting. We look forward to having SCDA members present at our House of Delegates. It's important at the ADA level, and vitally important at our state level. Please consider attending this year and letting your office manager know to leave December 5th free for the meeting.

Thank you for your continued membership, and I hope your October is amazing.



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Patient Injured After Brick Flies Through Office Window

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

Dentists can be liable for adverse outcomes even if they are completely unexpected. In this case study, a flying brick from a nearby construction site crashes through the window while a dentist is treating a patient. While the dental bur is still in the patient's mouth, the sudden movement from their startled reaction creates a through-and-through laceration of the commissure area. In the emergency room, a plastic surgeon sutures the tear, and the patient eventually receives scar revision surgery. Later, the patient sues the dentist for malpractice.

Key Concepts

- Preparing for the unexpected in dental practice
- Navigating patient dissatisfaction
- Issuing apologies after adverse outcomes

Background Facts

As he entered the office building where his general dentistry practice was located, Dr. R was pleased to see the progress being made in re-facing the exterior brick wall, which had begun to look a bit dated. Dr. R had been practicing many years, so he had been thinking about retirement in the not-too-distant future. That morning had been set aside for 8 maxillary crown preparations, impressions, and temporizations on C, one of his most longstanding patients.

It was a beautiful day overlooking the adjacent park, so the blinds on the floor-to-ceiling windows were open. After giving local anesthesia, Dr. R began to prepare the first of the teeth, using a fissure bur. Without any warning at all, a large flying brick from the construction project broke through and shattered the window, landing by Dr. R's foot and close to C's head, which had been fully reclined such that it was no more than two feet from the floor where the brick rested. Being completely startled by the noise and broken glass, C suddenly and violently moved.

Because Dr. R had been actively in the process of cutting through tooth structure, the handpiece and bur were in the mouth with the bur running. The sudden movement led to the still-running bur creating a through-and-through laceration of the commissure area, extending well into the cheek, totaling approximately 2 cm in length.

After realizing what had happened, Dr. R applied gauze pressure to C's mouth and face to gain control of the bleeding. Recognizing the need for C to be seen at a hospital, he asked his staff to call 911. It took nearly 30 minutes before EMS arrived, during which time Dr. R was able to make a basic temporary crown on the one tooth he began to prepare, and by which time the bleeding was under control. C was transported to the closest hospital.

In the emergency room, a plastic surgeon meticulously sutured C's laceration in multiple layers, attempting to get the best cosmetic result possible. C was later discharged home, where she received a call from Dr. R to see how she was doing and to apologize for what had happened. C told her dentist that he need not apologize because it was such an unpredictable event.

C saw the plastic surgeon regularly over the next months, before she was taken to the OR for a scar revision procedure. She remained displeased with the aesthetic result and constantly felt self-conscious about it.

Legal Action

C was torn about what she should do, if anything, from a legal standpoint. Friends encouraged her to get a lawyer to assess her options, but she dreaded having to sue Dr. R because they had known each other for so long. She knew that a lawsuit would not change how she looked, but she also was starting to believe that she was entitled to be compensated. C approached Dr. R by phone, and asked if he would pay her the amount of money she suggested, in order to avoid a lawsuit, but he refused.

C retained an attorney who quickly instituted a lawsuit against Dr. R. Once Dr. R was served with papers, he sent those along to his malpractice carrier, which then assigned him a malpractice defense attorney. As the early steps of litigation proceeded, defense counsel filed a motion in an attempt to have the case dismissed. The thrust of the argument presented to the court was that the flying brick was an entirely unforeseeable event, so that Dr. R could not have protected against it or prevented its effects.

In opposing the motion, the expert dentist retained by C's attorney posed two counterarguments along with C's cross motion seeking judgment in her favor: (1) that Dr. R specifically noticed that brick facing work was being done on the morning he was about to treat C, so he should have considered that one of the bricks could

fly through his window mid-treatment, and therefore have been prepared for that; and (2) that regardless of what specifically might have caused the patient to suddenly move, the potential for a sudden movement by a dental patient at an inopportune time happens often enough so that it must be protected against as a general prospect, always maintaining a solid finger rest.

The judge summarily rejected C's first argument out of hand, holding that no reasonable person seeing facing work on their building would realistically expect a brick to fly into their particular office. However, the judge both rejected Dr. R's request for dismissal and granted C's application for judgment in her favor, based upon essentially the same line of reasoning that C's expert employed. While a dentist – specifically Dr. R – need not exactly foresee what might cause a patient's sudden movement, said the judge, Dr. R should have considered and foreseen that a patient's sudden movement might occur without warning, so protective means must be put in place, such as the finger rest suggested by C's expert, that will prevent injury to that patient in case some event, even of the patient's own making, were to take place.

With judgment in favor of C in hand, all that remained was a determination as to the amount of money due C. While a jury trial as to the measure of damages was an available option, Dr. R decided, in conjunction with his attorney and insurer, that reaching a settlement figure was in everyone's best interests. That is what then took place, ending the matter.

Takeaways

The court's ruling is an important one. While a particular state's trial court ruling has no binding effect on other courts – except perhaps other courts in the same state at the same or lower jurisdictional level – the concept expressed is one that is a generally accepted principle. It is a big picture of foreseeability, rather than a specific postage stamp picture, that will be determinative, so dentists should be so aware. Paraphrasing this court, while you might not expect, even in your wildest dreams, that a brick would fly through your window in the midst of a crown prep, sudden and unpredictable patient movements are far from uncommon. Preventive techniques to protect against the concept (sudden movement), rather than the specifics (a flying brick), are the goal and in fact the obligation.

We often see that patients who are disappointed with their dental treatment will first approach the dentist, asking for some form of compensation – whether a refund, payment for future dental work, or a true settlement – before progressing to further steps that might include attorney involvement and/or a complaint to a state Dental Board. A dentist's determination as to how to respond to this is entirely personal, and we do not comment upon or advise about this subject. We do note, however, that there are times when the first shot is the best shot, so overtures from patients in this regard ought to be taken seriously and listened to, considering what a patient's subsequent actions might reasonably be, before making a decision. Once people involve attorneys, the situation changes dramatically.

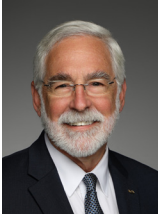
A fair question often asked relates to the quality of care after the negligent treatment by the dentist. ("The negligent treatment by the dentist" here is what lawyers refer to as "law of the case." This means that once a specific determination of negligence is made – whether by court ruling, as here, or jury verdict, or settlement agreement – it is an absolute which is no longer up for discussion legally, even though the dentist might view it otherwise.) In this case, C received reparative care of her laceration by immediate closure and a subsequent scar revision surgery. If, hypothetically, the unaesthetic result that displeased her were due to inadequacies on the part of the plastic surgeon, Dr. R would still be accountable for that end result, at least in most jurisdictions, because he set the proverbial negligence ball rolling, so he is responsible for all that reasonably follows, even subsequent negligence by another. That can be a bitter pill to swallow.

We end with the concept of an apology – as Dr. R offered to C – after an adverse outcome, which is a double-edged sword. On one hand, it is a human desire to want to let a patient know that there is compassion on the part of the dentist about things not having gone well. On the other hand, nobody wants that to encourage or support a lawsuit. There is strong data available which concludes that apology reduces both the frequency of lawsuits and the amount of money paid to plaintiffs. But the way that the apology is delivered matters a great deal. Expressing regret (e.g., "I'm sorry for what you're going through") conveys kindness, whereas certain expressions of remorse (e.g., "I'm sorry I made a mistake") might be tantamount to an admission of liability.

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. 9/2025

Focused Leadership | Transparent Communication | A Stronger Future Together

By Dr. James Mercer, ADA Trustee, 16th District



Leadership Update

I recently returned from a four-day Board of Trustees meeting in our new ADA headquarters at 401 Michigan Avenue. Each time we meet, your Board remains focused on driving member value through science, education, practice, advocacy, and membership.

This year, the House of Delegates (HOD) will be considering one of the largest numbers of resolutions in recent memory. What makes this especially unique is that many of the resolutions have been submitted by individuals or groups outside of the traditional Constituent or Trustee District structure.

I look forward to connecting with many of you on October 10–11 at the 16th District Caucus as we consider these resolutions and work together toward shaping a stronger, reimagined future for the ADA.

Financial Sustainability

Questions about ADA finances continue to be an important part of conversations with members. Since my last update, the Board approved a reforecasted 2025 budget, reducing expenditures by an additional **\$20 million** on top of the previously announced **\$9 million**. These reductions, while necessary, involved difficult decisions to modify, pause, or conclude several ADA programs. A detailed list of these changes is available at [ADA.org/BudgetUpdate](https://ada.org/BudgetUpdate).

Looking forward, our strategic focus is on the 2026 budget and further reducing the deficit. Much of the attention has been on reserve spending between 2022 and 2025, as the ADA made significant strategic business investments in innovation and growth. While it will take several years before those investments yield new revenue, they were made with the future strength of the ADA in mind.



What is sometimes overlooked is that our **operating budget**—our recurring, year-to-year expenses—has exceeded revenue in 2023, 2024, and 2025, largely due to declining dues/members and non-dues revenue. Since the leadership transition in February, one of the Board's key areas of focus has been stabilizing our finances and aligning expenses more closely with revenue to ensure long-term sustainability.

Association Management System (AMS) Stabilization

Of the \$142 million in reserve spending, **\$53 million** was allocated to the new Association Management System (AMS). Since its launch in October 2024, implementation challenges have caused frustration for members, particularly around renewals and registration.

To address these issues, the Board has taken decisive steps:

- Engaged a firm to oversee a targeted AMS remediation plan.
- Established a Project Management Office (PMO) to manage and monitor progress.
- Committed to ensuring the AMS supports a seamless membership renewal and registration process by October 2025.
- Instituted a system freeze period (October 2025 – January 2026) to avoid disruptions during the critical join and renew season.
- Commissioned an independent review of AMS costs and implementation. A draft report has been reviewed by the Board and will be finalized and shared.

The Board remains committed to stabilizing the AMS so that it fully supports members and strengthens engagement moving forward.

In Closing

It is important to look back and understand where we have been, but our focus must remain on the future—building a reimagined ADA that continues to serve members and the profession with strength and vision.

Thank you for your continued support, dedication, and trust.

This is **your ADA**, and I welcome your thoughts and feedback.

Email: mercerj@ada.org

Cell: 803-960-2296

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Evening Reception 7th and All Day Workshop 8th

**ASA Offices: Roof Top,
905 16th Street, NW
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To start the application
process contact Peter
Aiello - aiellop@ada.org



Thank You for Supporting MUSC Dental Students

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



Dear SCDA member:

I am sure you have heard by now about a **major tuition and fees waiver** we received for our in-state students. This generous reduction will positively impact future generations of students and dentists. This is a profound achievement through the support and advocacy of our state legislature. We are grateful to many individuals, groups, and our university leadership. I am unaware of any dental school in the nation who has successfully advocated for such a reduction, especially after no increases in tuition and fees for eight consecutive years (2017 onwards). This is truly remarkable.



Thank you for gifting our first year dental students with lab coats! Your support of the students is a warm welcome into our professional community.



Thank you for attending the **MUSC dental student poster session** at the SCDA Annual Session in Columbia, SC, in August. I know that the students appreciated connecting with dentists from all over South Carolina. In addition to earning continuing education credit, I hope that if you stopped by, you were able to get to know a few of our students and review the latest oral health research from MUSC. I was delighted to engage with many alumni, friends and students at the MUSC Alumni Reception. I am grateful to the MUSC Alumni Association for arranging this event.

Finally, if you will be in Washington, D.C., for the American Dental Association's **SmileCon** and **House of Delegates meeting** at the end of October, I look forward to seeing you there. We will have an Alumni Reception on Friday, October 24. For more information, please see the email from the Alumni Association or contact Mrs. Stephanie Oberempt, development director, at oberempt@musc.edu.

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Local Tenens

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

Positions Available - Dentists

St George/Santee/Holly Hill, SC- Looking for dentist to expand our staff at growing dental group. 4-5 days per week. Prefer to live within 25 miles of practice. 8 dental hygienists/19 op practice. Contact 843-560-2226 or drscottgarris@gmail.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.

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.

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

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.

Seeking PT/FT GP with Sedation/surgical/implant skill and PT Oral Surgeon/Endodontist near Charleston, SC. Brand new facility with state of the art technology and fully digital workflow. CBCT, Digital Scanner, 3D Printing. Fee for Service Practice focused on delivering high levels of surgical and implant care as well as IV sedation comprehensive general dentistry. Please send CV to gillytooth@gmail.com

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

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

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 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.

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 contact: acarpenter@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

Established (40 yrs) FFS private practice seeking **compassionate dentist** ready to join our patient centered practice. Must be proficient in all aspects of dentistry and restorative care. CBCT and scanning technology in place to support excellent care and patient experience. GPR or experience preferred. Endo and surgery skills a plus. FT/PT opportunity. Send inquiries to palmettodentalassociates@gmail.com

Upstate opportunity seeking a General Dentist for well established private practice in **Rock Hill, SC**. Current Associate is transitioning to a specialty program. Must be proficient in all aspects of dentistry. Over four decades of trusted community care, FFS and personalized patient experience. Send resume: office@culpdental.com.

Exciting **Associate Dentist** opportunity- Join our thriving, modern practice in a vibrant lakefront community just minutes from Charlotte. Enjoy supportive team, great patients and room to grow. Full-time position. Learn about us at lakewyliesscdentist.com. Email resume: smile@carolinafamilydentistry.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.

We are a fast growing, privately owned dental office in **Indian Land** seeking a talented & enthusiastic Associate to join us in a great deal of fun. There are huge opportunities for advancement for everyone on our team. Your income potential is essentially limitless! dentalrecruitingervicesfmsc@gmail.com

Positions Available- Staff
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 airportfamdentistry@sc.rr.com.

East Cooper Community Outreach seeks a certified **Dental Assistant** for 16-20 hours/week. Duties include assisting providers, scheduling patients, and maintaining clinic operations. Pay: \$19.10-\$22.75/hr. Must have radiology certification and 1+ year experience. Email resume: jobs@ECCOcharleston.org. Learn more at www.ECCOcharleston.org.

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.

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@mccgillhillgroup.com for more information.

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 or 803-920-6669.

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

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

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.

Thriving **Hampton County, SC** dental practice! 6 ops, 2,797 active patients and \$1M+ annual revenue. Priced at \$537K with huge growth potential. Perfect turnkey opportunity for a new owner ready to step in and succeed. laura@klassolutions.com.

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



We are pleased to announce...

Matthew E. Boller, D.M.D.
has acquired the practice of
James R. Decker, D.M.D.
Charleston, South Carolina

Family Dental Health &
Rob M. Safrit II, D.M.D.
have acquired the practice of
Samuel N. Pratt Jr., D.M.D.
Moncks Corner, South Carolina

*We are pleased to have assisted
in these practice transitions.*

Practices For Sale

MILLION-DOLLAR PLUS PRACTICE OPPORTUNITY - PRICE REDUCED!

Charleston Metro: Thriving GP with 7 ops (expandable) in 2,800 sq. ft. free-standing building. Fully digital with CEREC. 2,100+ active FFS/PPO patients, 30+ new monthly, and historical collections of \$1.4M. Prime location with great visibility, optional real estate, and motivated seller. **Opportunity ID: SC-02727**

GREAT DEAL - VERY MOTIVATED SELLER: Greenwood County 100% FFS GP with 1,337 active patients, collecting \$560K in 2024 on 4 doctor/6 hygiene days. 2,700 sq. ft. office with 5 ops, digital X-ray and pano, plus 600 sq. ft. storage. Many procedures referred out = strong growth potential. Rural community near a lake offers slower pace, great quality of life, or ideal merger. Real estate available. **Opportunity ID: SC-02694**

COLUMBIA POTENTIAL MILLION-DOLLAR GP: This practice collects \$900K annually on a 4-doctor, 8-hygiene day schedule. Patient base is 80% PPO / 20% FFS with 4 equipped ops and 1 unequipped. Strong hygiene and recall systems in place. Seller open to staying on post-sale. Big opportunity for the right dentist—call AFTCO! **Opportunity ID: SC-02273**

MULTI-MILLION DOLLAR COLUMBIA PRACTICE OPPORTUNITY: Established GP collecting \$2.13M in 2024 with 3,600+ active PPO/FFS patients. 7 ops in a 2,500 sq. ft. digital office, operating 4.5 doctor/hygiene days weekly. Owner open to DSO or entrepreneurial sale and willing to stay on to mentor. **Opportunity ID: SC-02508**

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