



SOUTH CAROLINA DENTAL ASSOCIATION

Bulletin
September 2026
Volume 54, Issue 9

Inside this issue:

Executive Director's Notes	2
MUSC Update	4
Malpractice Minute	6
Alternate Delegate to the ADA	8
Thank You from MUSC Class of 2030	10
Classifieds	11

**Published by the
South Carolina
Dental Association**

Design: Maie Burke

www.scdadental.org

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President's Message

By Dr. Carol Baker, SCDA President



There is something about the end of summer that makes us pause. The days get shorter, school is back in session, vacations are winding down, and our calendars once again seem to fill up almost overnight. For many of us, fall also brings something especially important to our profession. It brings opportunities to reconnect with our dental colleagues.

I want to encourage each of you to make attending your SCDA district meeting a priority this season. These meetings are much more than a business meeting or a few hours of continuing education. They are an opportunity to step away from the operatory, put down the phone, and reconnect with the people who understand exactly what it means to practice dentistry in South Carolina. We are all creatures of habit, and most of us tend to gravitate toward people that we already know. It's no different than most family reunions where everyone tends to sit with their immediate family, not the family member you haven't seen in a year or the new face in the crowd. At your next district meeting, I challenge you to sit beside a dentist you have never met. Talk with the dentist who has been practicing for 40 years. Introduce yourself to the young dentist who graduated last year. Talk about the challenges of staffing, insurance, technology, or simply keeping up with the demands of everyday dentistry. You may walk away with a new clinical pearl, but you may also walk away with something even more valuable like a new friend. While you are looking to attend your district meeting, also try to get involved in a local study club. Study clubs are one of the best ways to build meaningful professional relationships. They give us a place to ask questions without feeling like we need to have all the answers, discuss cases, and sometimes simply laugh about the things that only dentists understand.

As for those of you who are already active in organized dentistry, this is your opportunity to be the invitation. Think about the dentist in your community who has not attended a district meeting in years or perhaps has never attended one at all. Think about the young associate in your practice, the new dentist down the road, or the dentist who tells you, "I really need to get more involved." Don't just tell them they should come to a meeting, invite them to come with you. Meet them at the venue to make sure they do not walk into a room full of unfamiliar faces and feel like an outsider. Introduce them to other colleagues and sit with them. Most of the time, involvement in organized dentistry does not begin with a committee appointment or a leadership position. It begins with one dentist inviting another dentist to dinner. We all remember the people who welcomed us, encouraged us, and gave us an opportunity to become involved. Now it is our turn to do the same for someone else.

So as we close the chapter on summer and begin the fall, I encourage you to be intentional about getting outside the four walls of your practice. Dentistry is a demanding profession, but it was never meant to be practiced alone. It is easy to become comfortable in a routine, and without realizing it, silo ourselves from the larger dental community. The greatest pearls of a dental meeting do not only come from continuing education. They also come from the collective knowledge, experience, friendship, and support of our dental colleagues. This fall, don't retreat into your own silo. Step outside your practice. Step into your dental community. Bring someone with you. Let's continue to make organized dentistry stronger together. The SCDA is stronger when our members are connected, not just to the association, but to one another.

Upcoming District Meetings:

Pee Dee: September 11th **Central:** September 25th **Piedmont:** October 16th

Executive Director's Notes

By Phil Latham, SCDA Executive Director



Dental providers across South Carolina can impact the oral health of their patients by assisting them to quit tobacco products, smoking, and vaping. ASK about tobacco use, ADVISE to quit, and REFER them to treatment (2As+R). Evidence-based practice supports health care provider intervention to increase the likelihood that tobacco users will get appropriate treatment and support to help them quit for keeps.

SC DHEC administers the SC Tobacco Quitline – a free statewide quit service that is accessible through easy enrollment portals: phone 1-800-QUIT-NOW (800-784-8669) or go online to www.quitnow.net. The Quitline offers evidence-based counseling and FDA-approved tobacco cessation medications through interaction with live coaches who are trained Tobacco Treatment Specialists; along with other supports, such as a Quit Guide for adults, text messaging, mobile vaping support for youth, links to digital resources, and an online support community.

Since 2006, the Quitline has served close to 200,000 South Carolinians, most of whom are tobacco users seeking assistance to quit, with 98% of participants very satisfied with the support they received. Many of these participants have been referred by their doctor or other health care provider. South Carolina's Quitline currently has a quit rate of 41%, compared with a 29% quit rate 10 years ago; based on a standardized measure of not even a puff of a cigarette taken at 7 months following registration.

When patients are referred, they received free tobacco treatment counseling support and most of them are eligible to receive free nicotine replacement therapy (NRT patch, gum, lozenge, or combo). SC Medicaid members now have no copay for any of the 7 FDA-approved smoking cessation medications, and providers do not have to obtain prior authorization. The barriers to smokers getting effective medication to quit have been removed!

Providers can make referrals to the Quitline in one of two ways: Fax or Electronic (eReferral). The [Quitline fax form](#) (DHEC 1617) or providers can request more information about making electronic referrals from their EHR by contacting screferralhub@telask.com

Check out the Quitline's website at <https://www.quitnowsc.org/>



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has acquired the practice of
**Ray A. Langston, D.M.D. &
Georgina G. Coffey, D.M.D.**
Manning, South Carolina

**Brian R. Williams, D.M.D. &
Thomas B. Williams, D.M.D.**
have acquired the practice of
James L. Burch Jr., D.M.D.
Greenwood, South Carolina

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

Practices For Sale

GREAT OPPORTUNITY IN GREENWOOD: GP collecting \$286K with 800+ active patients and a 75% FFS base. The 1,600 sq. ft. facility features 3 operatories, digital X-ray and PAN. Referred specialty procedures offer significant growth potential. Real estate available. **Opportunity ID: SC-02652 Under Contract**

MIDLANDS REGION MENTORSHIP & OWNERSHIP OPPORTUNITY: Experienced GP owner seeks a motivated dentist or recent graduate for mentorship and a smooth transition into ownership. The practice collects \$1M+ annually on 4 doctor and 4 hygiene days, serving approximately 2,600 FFS/PPO patients. Features include 4 fully equipped digital operatories and growth potential from referred procedures. Real estate may be available. **Opportunity ID: SC-02986**

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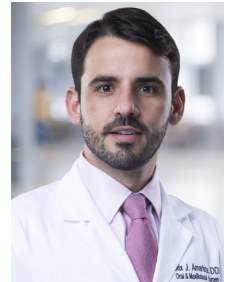
Updates from the MUSC James B. Edwards College of Dental Medicine

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



The James B. Edwards College of Dental Medicine is pleased to welcome another outstanding new faculty member to MUSC. **Dr. Felix Amarista** is a board-certified Oral and Maxillofacial Surgeon whose expertise and international reputation will further strengthen our commitment to providing exceptional patient care, education, and collaborative partnerships throughout South Carolina. Dr. Amarista is joined by **Dr. Andrea Bordoy**, who also serves as a new Oral and Maxillofacial Surgeon at MUSC. In effect this has doubled our full-time faculty in OMFS. These faculty members are supported by many part time faculty as well. I thank Dr. Steed and Dr. Miller for facilitating the recruitment of two amazing new faculty members.

What's more important is that along with specialty recruitment in orthodontics (three new faculty, highlighted previously in the SCDA bulletin), endodontics and prosthodontics, this gives us the opportunity to have preeminent graduate programs that can work together. Clearly, we can see the collaboration between OMFS and orthodontics which few dental schools have the capacity due to the number and quality of outstanding new recruits. And our graduate programs offer our dental students an opportunity to gain experience and interest.



Dr. Felix Amarista

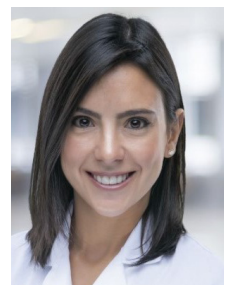
Before joining MUSC, Dr. Amarista served on the faculty at UT Health San Antonio, where he developed a practice focused on orthognathic surgery and advanced temporomandibular joint (TMJ) surgery while actively training residents. His clinical expertise includes orthognathic surgery, TMJ surgery and arthroscopy, mandibular reconstruction, pathology, and facial trauma.

Dr. Amarista is internationally recognized as an educator and researcher and frequently lectures on contemporary approaches to orthognathic surgery and TMJ management. He has a particular interest in Minimally Invasive Orthognathic Surgery (MIOS), enhanced recovery protocols, virtual surgical planning, and patient-specific technologies that improve precision while helping reduce patient discomfort and recovery time.

Central to Dr. Amarista's practice philosophy is a commitment to multidisciplinary collaboration. He emphasizes close communication among surgeons, restorative dentists, orthodontists, and other members of the dental team to achieve optimal functional and esthetic outcomes for patients. He is particularly eager to connect with dentists and specialists across South Carolina and serve as a resource for complex surgical cases.

In addition to his expertise in orthognathic surgery, Dr. Amarista brings extensive experience in advanced TMJ arthroscopy. These minimally invasive techniques can provide effective treatment options for many patients with TMJ disorders while reducing surgical morbidity and recovery time.

Originally from Venezuela, Dr. Amarista recently relocated to Charleston with his wife, Dr. Andrea Bordoy, who also serves as an Oral and Maxillofacial Surgeon at MUSC, and their two daughters. The family is excited to become active members of the South Carolina dental community and build relationships with colleagues across the state.



Dr. Andrea Bordoy

We are delighted to welcome Dr. Amarista and Dr. Bordoy to MUSC and look forward to the positive impact they will have on patient care, resident education, and professional collaboration throughout South Carolina.

If you hold a current South Carolina Dental License and are available to provide fill-in or locum tenens work, please contact.

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How Minor Patients Extend Dental Malpractice Case Timelines

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

A teen patient's persistent maxillary pain led to multiple root canal treatments, but the true cause went undiagnosed for months. The case highlights the risks of narrow diagnosis, missed referrals, and how treating a minor can extend malpractice exposure well beyond the expected timeframe.

Key Concepts

- Malpractice risks associated with missed diagnoses
- Minors and the statute of limitations
- The importance of tail coverage

Background facts

Dr. S was a well-experienced dental practitioner who focused on the care of children, although not a pediatric dentist: she found the work challenging, yet rewarding, especially when those children later brought their own children to be treated. R, age 16, was one such patient, whose father, as a teenager, treated with Dr. S when she was new to practice. Severe, right maxillary pain, with persistent headaches led R to come to the office, outside of the routine of his usual 6-month recall visits. By way of evaluating appropriate periapical films of the upper right molars and premolars, as well as a clinical examination with multiple dental testing modalities that demonstrated equivocal findings, Dr. S concluded that the problem was most likely originating with tooth #3 and/or tooth #4, as both had deep MOD restorations placed approximately 3 years prior.

The more likely offending tooth, in the opinion of Dr. S, was the first molar, so, with the approval of R's father, root canal therapy was completed on that tooth, without any apparent complication, and with the finding of a vital pulp. Nearly a month later, R's symptoms continued as before the endodontic treatment, so, again with the father's agreement, Dr. S completed RCT on tooth #4, also without complication and also with a vital pulp. Despite both teeth being subsequently restored, R's initial presenting complaints remained, and were even subjectively worse, now approaching 6 months later; additionally, R began to have right-sided sinus congestion.

R's parents arranged for him to see an ENT, who, after performing a limited clinical assessment, sent R for a CT of the sinuses. The study clearly showed a well-circumscribed, lima-bean-sized mass in the right maxillary sinus, located seemingly entirely deep to the Schneiderian Membrane and just above the maxillary posterior teeth. Because of its localized appearance, the ENT expressed to R and his parents that the lesion was likely benign, so a plan was developed to perform an exploratory surgical procedure, through a Caldwell-Luc approach, to excise the mass and examine it microscopically. Surgery at a local hospital went forward under general anesthesia, with the lesion removed and the sinus debrided. The biopsy report determination was that the lesion was a polyp which was, as anticipated, benign and in need of no further treatment.

Within 2 weeks, R was, for the first time in the better part of a year, free of pain and headaches. The ENT concluded and stated to his patient and his parents that all of the symptoms were all along not due to any dental problem, but instead the sinus polyp. It was not until over a year after the RCTs were completed that R's father questioned Dr. S as to why she failed to diagnose "something" abnormal in the sinus, why she failed to consider any source for R's complaints other than teeth, and why she performed root canal therapy on 2 teeth without any objective basis for doing so. Although she apologized and expressed empathy for all that R had gone through, she was not able to provide any answers to the direct questions posed to her.

Legal action

R's father read online that teeth which have had root canal therapy are more likely to fracture, and therefore be prematurely lost, so he began to consider costs that would likely and unnecessarily need to be borne by R in the future, as well as the emotional distress he would endure if he had to go through multiple dental extractions and their replacements. He sought out and retained an attorney to act on his son's behalf by suing Dr. S for dental malpractice.

When Dr. S was served with papers that had commenced a lawsuit against her, she was immediately faced with a practical reality that she was aware of but had not realistically considered would arise: she had recently changed malpractice carriers but had not purchased extended reporting coverage – a "tail" – for the first carrier's claims-made policy; because the treatment of R which was at issue took place during the period of the earlier policy, she had no insurance coverage, either for defense or indemnification (payment). After looking at the legal costs she would have to personally bear as a result, she opted to represent herself – acting pro se – counting on some "unofficial" help from a close friend who was an attorney, although not one who had ever practiced in the professional malpractice arena.

Dr. S learned that the state in which she practiced dentistry had a 1-year statute of limitations period for dental malpractice cases, meaning, as she interpreted it, that no such suit against her could validly go forward if it had

been started more than 1 year after the date(s) of the claimed negligent treatment, as this suit had. She asked her attorney friend what she could do to stop the suit in its tracks because it was not timely begun: her friend said that the mechanism for doing that was to make a motion to the court for dismissal, on that specific basis. With her friend unwilling to assist her beyond that sole piece of advice, Dr. S thoroughly researched how to place that before the court, realizing that this was her only true hope to be successful in defending the case, acknowledging that she had fallen short in diagnosing the actual problem R had, and instituting incorrect and unneeded treatment. Dr. S's motion was quickly and decisively opposed by the lawyer for the plaintiffs, R and his father.

The opposition made it clear that Dr. S had relied on only a portion of the law which guided the statute of limitations, ignoring the critical part here, namely that R, as a minor, was entitled to an extension of that time period, such that he was permitted to file his case until 1 year after he reached the age of majority; given that R was well short of age 19, the judge denied Dr. S's motion and allowed the case to move forward. This left Dr. S with 3 basic options: (1) hire a lawyer to represent/defend her (which she was not willing to do); (2) continue to represent herself through discovery and potentially trial; or (3) try to reach a settlement to end the case. She weighed the costs, likelihood of success, and an unknown amount of money to be paid out if R later prevailed, if she proceeded with her defense, versus taking the bitter pill right then and there, and resolving the case for a sum of money that would be acceptable to all involved. She opted for the latter, and was able to work with R's attorney to reach an amicable settlement amount, which covered out-of-pocket expenses and compensation for R's pain and suffering after Dr. S completed her treatment.

Takeaways

The statute of limitations is the amount of time a plaintiff has to initiate suit. States differ as to whether that time clock begins at the time of the negligent action, or when the effects of that negligent action are discovered, or small variations on those themes. But regardless of those differences, the amount of time allowed by each state is strictly fixed for the vast majority of cases. The most frequent exception in nearly all, if not all, of the states is that minors are entitled to an extended amount of time within which to begin a suit in dental malpractice, with the exact length of that time extension also specific to each state. As a tandem concept, many states also require that dentists maintain records for minors longer than for adult patients; practitioners need to be aware of these details, lest they destroy records prematurely, thereby setting up significant legal issues if they cannot produce records during litigation or in response to a Board complaint, at a time when they should still have been maintained.

This case speaks also to both the type and quality of radiographs. Here, while Dr. S was able to radiographically visualize the entirety of the teeth she treated, which is a generally agreed-upon requirement in the dental community, she was unable to visualize the neighboring maxillary sinus. While dentists might legitimately debate whether Dr. S should have taken or ordered a radiographic study (such as a panoramic or CBCT) that also captured the sinus, there is no such dispute that, regardless of how and with what diagnostics she went about it, it was her obligation to assure that she was treating the situation for which the patient was seeking treatment. According to the ENT – by way of what might reasonably be viewed as a joust – Dr. S did not do so. But whether a joust or simply a statement of symptom causation, it was that conclusion by the ENT which most prominently led Dr. S to settle the matter rather than fight it.

Finally, we address the factors which left Dr. S without professional liability coverage: her claims-made policy and her not having purchased a tail upon leaving that policy behind in favor of another. While an occurrence policy will forever protect a dentist – whenever a lawsuit might be filed – if a negligent action took place while that policy was in effect, a claims-made policy will only provide coverage if it is in effect at the time a claim of negligence/malpractice is made, unless a tail was purchased to extend the coverage umbrella of a claims-made policy which is no longer in effect. Some exceptions to the need for a tail – such as death, disability, or retirement – might exist, based upon the stated policy terms, but for the most part, it is the norm that a dentist will be left as Dr. S was if they close a claims-made policy without purchasing tail coverage.

Summary of takeaways:

- **Broaden the diagnosis:** Persistent or unclear symptoms should prompt consideration of non-dental causes and appropriate referral.
- **Avoid unnecessary treatment:** Repeating irreversible procedures without clear evidence increases patient harm and liability risk.
- **Know your legal exposure:** Treating minors can extend the statute of limitations, and gaps in malpractice coverage can leave you personally liable.

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. 08/2026



SOUTH CAROLINA
DENTAL ASSOCIATION

SEEKING THREE MEMBER DENTISTS TO SERVE AS ALTERNATE DELEGATES TO THE ADA

SCDA members, this is your chance to take your volunteerism within dentistry to the national stage. As part of the SC-ADA delegation, you'll help shape policies and procedures that affect dentists and patients across the country.

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.



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Class of 2030

Thank you so much!! - Claire Tolan

Thank you for the jackets! We appreciate it! - Garrison Gasque

Thank you for all your help! - Emma Thompson

We're so thankful for you!! - Ashlyn K.

Y'all are so great for doing this for us! Thank you! - Emma Nodine

Thank you so much for your generosity in supporting us! - Emma Nodine

Thank you all! Much appreciated - K

Thank you for your donation! We really appreciate it! - Molly Joseph

Thank you, the jackets will be well used! - Anna Pare

Thank you! no more dirty scrubs! - Savannah Garst

Thank you so much! - Abby Hall

This is a fantastic gift! Thank you so much! - Mac

Thank you so much for the gift! - Mac

Thank you for the jackets! - Era Mayr

Thank you for your generosity! - Anna

Thank you so much! Stella Bellham

Thank you so much! - Lydia West

Thank you so much for the jackets! Rachel Anderson

Thank you so much! They are great! Sawyer Rees

Thank you for the jackets!! - Maggie Rees

Thank you! - Blakely Valentine

Thank you for supporting our start in Dentistry! - Owen Dickens

Thank you for thinking of us! - Abby Park

Thank you! - Thea Bine

Thank you so much! - Ashlyn K.

Thank you for your generosity! - Bryce

Thank you very much! - Dan Belsky

Thank you!! - Joe

Thank you for your generosity! - Lauren Locci

Thank you so much! Brooklyn Murphy

Thank you so much! The jackets look great! - Taylor Morgan

Thank you for the awesome jackets! - Jake Ketch

Thank you for the generous donation into our future! - Denver

Thank you for the jackets! - Kate Morris

Thank you so much! We love the jackets! - Taylor Little

Thank you for the generous gift! - Bryce

Thank you! - Alex

Thank you so much for the generous gift! - Sophie

Thank you! - Coleman

Thank you for your generosity! - Jack

Thank you! - Emma D

Thank you so much for your generous contribution to our class! - Kateri

Thank you so much for the gift! - Brookleigh Goldizer

Thank you! - Autumn Raye

Thanks a bunch! - Audra Heslin

Thank you so much! - Sarena

Thank you! - Ash

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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

Coastal SC dental practice with 2 locations seeking full time associate. Come join our awesome team: competitive pay, qualifies for loan repayment, minutes from beach, great atmosphere! Email smiles@gentledentistrysc.com or call 843-520-4746.

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.

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 team oriented candidate who is compassionate with patient care. A registered **dental hygiene** license is required. The available position hours are M-Thurs 7:30-4:30pm. We offer competitive salary, medical insurance, dental benefits, matching 401k @ 4%, paid scrubs, paid time off and paid holidays. hhdentalteam@gmail.com.

We are seeking a **RDH** for our privately owned, multi-specialty dental practice. We offer 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, please send resume to resumes@irmosmiles.com.

Full time RDH needed for private practice in **downtown Columbia**. Office hours are Mon/Wed 8am-5pm and Tues/Thurs 7am-2pm. Please email resume to frontoffice@nedsjenningsdmd.com.

Experienced **Dental Assistant** wanted: Join Palmetto Dental Arts, a high-end fee-for-service practice focused on cosmetic, implant and comprehensive care. Work with supportive doctors, organized systems and a collaborative team that values your experience. Competitive pay, benefits, PTO, 401K, CE and incentives. Respect, quality, growth. meg@palmettodental.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 bailley@professionaltransition.com

Available for sale is a profitable periodontal practice in the **Greenville-Spartanburg** area of South Carolina. 2025 collections were nearly \$1 million on a four-day schedule. The 2,200 sq. ft. stand-alone building includes four operatories and updated technology, including a CS 8200 3D Neo Edition. Seller will assist post-sale transition. transitions@mcgillandlyon.com.

Turnkey dental office for lease in **Greer**. Former practice of Dr. Jack Davis. 2,140 sf with 5 exam rooms, reception area, break room, ample parking and excellent Wade Hampton frontage. Ready for immediate occupancy. Contact Glenn Young, Flagship Commercial Properties 864-384-4999.

Laurens SC- Turnkey dental practice below market value. Over 2,100 sq ft dental office with over 75 years of community trust. Located within walking distance of historic downtown Laurens. This practice sits in the heart of charming southern community. Office offers two 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.

Greater Greenville, SC Dental Practice for Sale- Upstate South Carolina dental practice within an hour of Greenville. Five operatories in a free-standing building with real estate available. 760 active patients, 10-15 new patients/month. \$925K collections and \$270K SDE. Four-day week with growth potential. Contact bailley@headwaterstransition.com. Reference #SC31126H

Premier medical office suites coming to **Halton Village**. For lease flexible suite sizes from 2,500-10,000 sf with elevator access and modern design. Conveniently located near Primsa, Bon Secour, Pelham Medical Center and Novant health. Q3 2026 delivery contact Glenn Young, Flagship Commercial Properties 864-384-4999

Practice for Sale in **Mount Pleasant**- This elegant, efficiently designed four-operator practice is located in a high-traffic area. Supported by long-term staff, including two hygienists, the practice serves more than 1,400 active patients through a mix of self-pay, fee-for-service, and limited in-network participation. This turnkey office offers immense growth potential by expanding services. barry@adssouth.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 operator 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.

MDT 677-Established GP Dental Practice - Charleston - Turn-key, digital 7-op practice projected 2026 revenue \$1.325M, bring specialty procedures in-house for immediate growth, building available for purchase or lease. Contact: Craig Gibowicz 303-550-0842, Menlo Dental Transitions CO #IL100039481 and Scott Reid & ParaSell, Inc, SC Lic#23763. Sign NDA at menlotransitions.com.

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

Charleston, SC: General practice, \$1,325,000 projected 2026 collections. Seven equipped operatories plus two plumbed, high-tech and fully turnkey, 20+ years in the community. Four days per week. All specialty referred out-immediate growth. Stand alone building available. Details at practiceorbit.com, listing P-GGK2M2. Contact Erin Read erin@practiceorbit.com.

Northeast SC: General practice, \$1,300,000 collections in 2025. Six operatories, five days per week, eight hygiene days. CEREC Primescan and mill, 3D Panorex, Biolase laser- modern CAD/CAM workflow. In-network Delta PPO. Details at practiceorbit.com, listing P-NEQF43. Contact Erin Read erin@practiceorbit.com.