



SOUTH CAROLINA DENTAL ASSOCIATION

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Inside this issue:

Embezzlement in Dentistry and How to Protect Your Practice	4
Executive Director's Notes	6
SCDA Save the Dates	6
SCDA Awards	7
Malpractice Minute	8
SCDA Foundation	10
Dr. Salinas Program	11
MUSC Update	12
Nitrous Oxide Monitoring Course	13
Classifieds	14

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Presidents Message

By Dr. Deidre Crockett, SCDA President



Thank you to all who attended our Annual Session. Additional thanks to the SCDA staff, Dr. Erin Pruitt, Dr. Tommy Parnell, and Laura Jordan for their hard work! It was a huge success, and we are grateful for all who attended. Next year's meeting will take place in Myrtle Beach! Hope to see you there!

As fall approaches, each district will have their fall meetings.
Central September 19th
Coastal TBA
Pee Dee September 5th
Piedmont September 12th

At the fall district meetings, you will elect board members for each district position, motions will be voted on, and you will hear reports concerning recent SCDA and ADA news. Please consider attending your designated district meetings. This is where you can discuss concerns and learn about issues affecting dentistry. Also, it is a great opportunity to acquire continuing education credits and meet other members. If you would like to serve as a district delegate, please let your district leaders know of your interest at the fall meetings. **The future of our association depends on new members getting involved.**

Delegates elected from each district will attend and vote at the upcoming HOD (House of Delegates) meeting on December 5th at the Hilton Garden Inn Columbia Airport, 110 McSwain Drive, West Columbia, SC. There, we will discuss many issues. This is your chance to learn exactly what is happening in regard to our State with organized dentistry.

Please note that you do not have to be a delegate to attend the HOD, and we would love to have members present that have never attended an HOD. Hearing from experienced members, and gaining perspective from the needs of new members, is what makes a good caucus at the HOD. We value all members' opinions and input. It is, after all, your state association.

Perspective on new graduates

I've had the opportunity to speak with a newly licensed Dentist attending a residency, and was able to hear how the first few months are going. Remember that in Dental School, we were surrounded by our peers for four years. We always had exams to prep for, clinics, and social events. Remember how busy it was?

After graduating, some dentists go to practice with their families, which was my experience. My dad took me to all of the meetings. I joined a long-standing small study club. I had Dentists to speak with on the daily and met many by attending meetings and going to the conventions, HOD, and district meetings. I believe that is one of the reasons that I felt the need to be very involved in organized dentistry, and I'm grateful for that.

However, many new dentists will go to a residency in a state they have never been to before. Whilst they have their fellow residents to speak and interact with, many of these former excellent dental students don't have the broad fellowship of dental school anymore. Having interactions with dentists outside of school, residency, or working in an office is beneficial in my opinion. There have been many tough days where I have had a dental meeting to go to, and was better for it after attending. There is something about a group of dentists getting together

for learning (or just socializing) that works.

Being involved in Dentistry outside of the office is good for me personally, and especially for new dentists that are used to having hundreds of peers around daily. If you happen to meet a new Dentist in your area or a resident, please think about inviting them to your study clubs and your district meetings.

I reached out to a few members in this aforementioned resident's area of specialty. Contact was immediately made by SCDA members with the resident, and now she knows where to go to attend local study clubs and meet dentists and specialists in her district. I greatly appreciate that the connections were made for this new member that will benefit her.

The SCDA handles many legislative and insurance issues. Members routinely contact the SCDA office with concerns and questions. As members, we can be there for each other, and especially our new members (and those that do not know how to become one).

Next month, we'll discuss the upcoming ADA HOD in Washington DC. I hope all of you have a wonderful September and see you at the district meeting!

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Embezzlement in Dentistry and How to Protect Your Practice

By Mark Brown, CAE, Associate Executive Director

There's a threat quietly draining millions from dental practices across the country—and chances are, it's already affected someone you know. Embezzlement is a widespread issue in the dental industry. Research shows that over 50% of dentists will become victims of employee theft at some point in their careers.

It's easy to assume it could never happen to you. After all, you've built a trustworthy team, and your focus is on patient care. But embezzlers don't always fit the stereotype. They are often long-time employees who know your systems well and use that familiarity to exploit weaknesses.

The financial and emotional toll of embezzlement can be devastating. That's why the South Carolina Dental Association (SCDA) has taken a proactive step to protect its members by endorsing Prosperident—the world's largest and most experienced dental embezzlement investigation and protection firm.

Why Prosperident?

Prosperident brings decades of specialized experience to the table. Their team is composed of dental industry veterans and certified fraud examiners who understand the unique vulnerabilities of dental practices. Whether you suspect theft or want to prevent it, their discreet, data-driven services are tailored for dental professionals.

Here's how they can help:

- **Stealth Investigations:** Employees remain unaware, preserving the integrity of your office while identifying the source of the problem.
- **Dental-Savvy Experts:** Their team knows the business side of dentistry—this isn't just any forensic accounting firm.
- **Preventative Strategies:** Learn within one week if your practice is at risk or already experiencing fraud.
- **Solid Legal Documentation:** If embezzlement is found, you'll have the evidence needed for legal and financial recovery.
- **Practice Growth Support:** Tools like SOFIA (Strategic Operational Financial and Integrative Accounting) help you not only protect but also grow your business.
- **First Look Program:** For only \$1500, get a fast, affordable, one-week evaluation of your practice if you suspect something is wrong.

Exclusive Benefit for SCDA Members

Prosperident is offering a 6% discount to SCDA members. This exclusive benefit is part of their commitment to helping you safeguard your livelihood.

Don't Wait for the Worst to Happen

Whether you're already concerned about suspicious financial activity or simply want to take preventative steps, Prosperident is your ally in the fight against internal theft.

Visit [Prosperident's SCDA page](#) or call 888-398-2327 to schedule a confidential consultation with CEO David Harris.



We are pleased to announce...

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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

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Opportunity ID: SC-02536

COLUMBIA, SC 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**

\$1.4M+ CHARLESTON METRO, SC GP: Price Cut, Motivated Seller! Thriving digital practice in a 2,800 sq. ft. stand-alone building with 7 ops, CEREC, and great visibility. Over 2,100 active FFS/PPO patients and 30+ new patients/month. Collected \$1.4M on 7 doctor and 6 hygiene days/week. Room to expand, well-maintained, and real estate available. **Opportunity ID: SC-02666**

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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) can be accessed at <https://www.quitnowsc.org/healthcare-providers> 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/>

Save the Date

**Pee Dee Fall Meeting
Florence Country Club
September 5th**

**Piedmont Fall Meeting
Southern First Bank, Greenville SC
September 12th**

**Central Fall Meeting
Stone River, Columbia SC
September 19th**

**SCDA House of Delegates
Hilton Garden Inn Columbia Airport
December 5th**



Award Categories:

George P. Hoffmann, Jr. - Distinguished Dentist Award

This award is the premier and most prestigious award presented by the South Carolina Dental Association. It is to honor a member or former member for years of outstanding service to the SCDA, the dental profession, and the community. Nominees must have practiced dentistry in South Carolina for a minimum of ten years.

Meritorious Achievement Award

The nominee must be a member in good standing of the SCDA who has demonstrated in recent years significant achievement in dentistry in the areas of professionalism, leadership, academics, research, or health care delivery.

James B Edwards Citizenship Award

The nominee must be a member in good standing of the SCDA who has served the citizens of South Carolina in a manner that reflects a positive image of dentistry. Areas of achievement include humanitarian and religious activities, civic affairs, community service, or cultural contributions.

New Dentist Award

The nominee must be a member in good standing of the SCDA who has been in practice ten years or less or who is under forty years of age. The nominee must have demonstrated leadership qualities through service to dentistry.

Dental Team Award

Team members in a private office. The nominee must be from an office of a SCDA member and nominated by an SCDA member. The criteria for evaluation include:

- The nominee demonstrates the he/she holds the profession of dentistry in the highest regard.
- The nominee has five or more years of experience in the dental field.
- The nominee promotes the interest and betterment of the profession through the team concept of dentistry.
- The nominee participates in community activities that bring credit to the dental profession.
- The nominee demonstrates enthusiasm for his/her work and creates innovative ideas about patient relations and managerial modifications that improve the delivery of patient care.

Special Recognition Award

The nominee may be any individual who deserves recognition for special achievement or an extraordinary deed related or unrelated to dentistry. This award provides for special circumstances that do not conform to the other awards.

Category of Award

Name of Nominee

Nominee Address

Nominee Email Address

Please attach your typed letter of recommendation and the nominee's CV.

Awards may or may not be granted at discretion of the Board. A sitting Board member may not be nominated.

SCDA Member Nominating Signature

Name (Print)

Date

Phone Number

Do you wish to remain anonymous? Yes ____ No ____

Your nomination form, letter of recommendation, and the nominee's CV must be returned by October 1, 2025 to the SCDA office. Nominator must be an SCDA Member.

These awards will be presented during the 2025 SCDA House of Delegates Meeting.

Patient Sues Dentists for Trigeminal Neuralgia, Without Evidence

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

It's not always clear if a patient's injury is due to the dental work or something else. In this case study, a patient presents to a dentist with pain in her upper right central incisor. During root canal therapy, the endodontic file separates. The dentist refers the patient to an oral surgeon for an apicoectomy. Post-operation, the patient complains of chronic pain and is told to return for a follow up appointment. Instead, the patient sees a pain management physician who diagnoses trigeminal neuralgia and claims it is due to the dental work, despite lacking evidence. Later, the patient sues the dentist and surgeon for negligence.

Key Concepts

- Multiple negligence claims against two defendants
- Differentiating science and emotion in litigation
- Importance of solidarity between multiple defendant dentists

Background Facts

K, a basically healthy 58-year-old woman, presented to her general dentist of many years, Dr. J, having not seen him for 18 months, now complaining about recent and progressing pain in her upper right central incisor (tooth #8), which had been crowned since her early 30s. Dr. J examined K and found the tooth to be tender to percussion, with a sizeable, well-circumscribed periapical radiolucency. The tooth tested non-vital. Dr. J explained to his patient that she needed root canal therapy, which he could at least start that day, if not complete. K agreed to proceed.

With local anesthesia, Dr. J made routine access into the tooth and began to use endodontic files, all with a rubber dam in place. When he removed the second file in his progression, he noted that its end was missing about 4mm, so he presumed that the file had separated. A periapical film confirmed the suspicion that the tip of the file was lodged near the tooth's apex, with half of its length projecting beyond the apex. Dr. J was very experienced performing endodontics, especially on anterior teeth, so he worked to try to remove the separated file, unsuccessfully.

After doing that for almost an hour, he explained to K what her options were in order to try to save the tooth: refer to an endodontist to complete the root canal therapy, or refer to an oral surgeon to perform an apicoectomy. Dr. J was of the view that an endodontist would not likely be more successful than he had been, and he was concerned about any compromises in the care, due to the large periapical lesion. K opted for the oral surgery route, and immediately went to the office of Dr. W, who had told Dr. J that she would perform the apico as soon as the patient arrived. Uneventfully, Dr. W added additional local anesthetic to the already-numb site, raised a semi-lunar buccal flap, and entered through the thin buccal plate to visualize and remove the apical 2-3mm of tooth and the partially extruded endodontic file, excising the lesion before placing a retrograde seal and suturing the site.

At K's post-operative visit with Dr. W, the area was stated to have "chronic dull pain," but it looked clinically stable, so the sutures were removed, with K given an appointment to return in a month if she continued to have any symptoms. Instead of following-up with either Dr. W or Dr. J, K presented to her primary care physician the next week, complaining of ever-increasing and severe pain. The PCP referred K to a pain management physician, who, after seeing K for several consecutive visits, made a diagnosis of trigeminal neuralgia because of her continued pain despite non-narcotic and then narcotic analgesics. The pain management doctor voiced that "it had to be the dental work" that caused this. K had a brain CT and MRA performed, which showed nothing abnormal, and began a course of a common anti-seizure medication – often also given for neuropathic pain – prescribed by the pain management practitioner. The symptoms never abated, and K even claimed that the constant pain worsened to the point that she could not concentrate enough to read a book, watch a movie, or drive a car.

Legal Action

Encouraged to do so by her family members and friends, K sought out an attorney whom she located on the internet as one "specializing in trigeminal neuralgia cases: if you have trigeminal neuralgia from poor dentistry, we can get you large sums of money." After K's first meeting with the attorney, the attorney brought suit on her behalf against Dr. J and Dr. W, alleging negligent treatment that directly led to trigeminal neuralgia. Of note is the fact that the sole physical injury claimed throughout the entire litigation was trigeminal neuralgia, and nothing about any other pain condition at all.

The usual course of discovery ensued, with the taking of depositions and the exchange of documents and expert reports. K's pain management doctor would draw the causal connection between the dentistry and the trigeminal neuralgia – "it must have been the dentistry" – with her attorney's dental and oral surgery experts claiming that Dr. J used improper and excessive pressure so as to negligently break the file, and Dr. W improperly elevated the buccal flap too high, thereby injuring the infraorbital nerve. Neither of the defendants was willing to entertain the possibility of settlement, both steadfast in their views that the treatment they had rendered was proper in all

regards. Each exercised their malpractice policy consent provisions, directing the case to trial.

At trial, K testified to her constant pain, although she never spoke about any trigger that set off a period of increased pain, and she never testified to any sharp, stinging pain. The pain was dull, chronic and constant. The defendants' dental and oral surgery experts, respectively, explained to the jury that Dr. J and Dr. W used appropriate standard technique at every step in their own procedures, including a discussion as to why and how files non-negligently separate, that the photos of the gingival scar showed the incision made was at the proper location, and that there were likely "dental fixes" to her claimed problems. But K never returned to either of them, depriving them – and K as well – of the opportunity to dentally work toward resolving her complaints.

Perhaps the most significant trial witness for the defendants was a university-based neurosurgeon who had published about trigeminal neuralgia and treated many such patients who came to him from across the country. His testimony was decisive: trigeminal neuralgia, he opined, is not caused by dentistry or any other peripheral act, but instead a result of an intracranial pulsating vessel in close proximity to a portion of the trigeminal nerve, which erodes away the nerve's sheath, exposing the "wire" portion of the nerve and creating the equivalent of a "short circuit" that periodically creates sudden, short-lasting, and severe sharp pain. A diagnosis of trigeminal neuralgia was, according to the neurosurgeon, completely excluded in K because her non-triggered pain – which he did not dispute as being as described – is not at all what, "by definition," exists in trigeminal neuralgia patients. Her normal intracranial radiologic studies provided conclusive objective evidence of the absence of the proximate nerve-vessel relationship that occurs in trigeminal neuralgia.

As the jury deliberated, the foreperson sent a note to the judge, asking whether they can consider pain other than from trigeminal neuralgia. The judge responded that, because trigeminal neuralgia was the only claimed injury, they could not. Shortly thereafter, the jury returned a general verdict in favor of both defendants.

Takeaways

Addressing the verdict first, a general verdict is one by which the jury simply concludes "for the plaintiff" or "for the defendant(s)," with no specificity. Special verdicts, on the other hand, require that jurors answer direct questions, such as "was the defendant negligent?" and "did that negligence cause injury to the plaintiff?" The difference is jurisdictionally-specific. But in this case, it is certainly fair to hypothesize that, had other types of pain been pled, or had the judge allowed the jury to consider other types of pain besides trigeminal neuralgia, a verdict for the plaintiff seems at least likely.

This concept leads to two important points: (1) the particularity with which a plaintiff's attorney pleads the case is critical to a case result; and (2) the defendants' neurosurgery expert's precise anatomic testimony, with the guidance of experienced defense counsel, demonstrated itself to be a far cry above and beyond K's pain management doctor's claim that "it must have been the dentistry," implying a mere temporal relationship between the dentistry and the claimed symptoms. The value of well-credentialed experts, who can exhibit true proficiency, cannot be underestimated in the trial setting.

The defendants in this case practiced in different areas of dentistry, so the "sharing" of a single standard-of-care expert between them would be challenging at best, and disallowed in many jurisdictions. But the situation is different when it comes to experts who testify about questions of causation and/or injuries, so when possible and practical – which is far from a common occurrence – the presenting of a completely united front as between the defendants can send the jury a strong message, namely that there is no question that there can be only one way to interpret a certain set of issues. Trigeminal neuralgia is a devastating disease, and it is described that way in detail by plaintiffs' attorneys, who claim, as in this case, that dentistry or oral surgery is the culprit in getting there. The internet is replete with large numbers of "trigeminal neuralgia attorneys," many of whom advertise and argue that they will obtain large recoveries against dentists and oral surgeons, often times relying upon non-scientific claims that garner jury sympathy. Defense teams of attorneys and experts can prevail through approaches that place science above emotion, while still exhibiting empathy for patients who might legitimately experience pain. But there is a real difference between the pain of trigeminal neuralgia and nearly everything else, and that point is one of several which was driven home at this trial.

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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. 8/2025

SCDA Foundation

By Dr. Mona Ellis, SCDA Foundation Chair

SCDA FOUNDATION

DISTRICT CHALLENGE

The winner of the 2025 District Challenge is once again the Pee Dee District. Thanks to the donors for all districts. The contributions were as follows:

PeeDee 670.00
Coastal 30.00
Central 75.00
Piedmont 100.00
Total 875.00

Prepare to challenge the Pee Dee district at the 2026 meeting in Myrtle Beach at the Kingston Plantation, April 30th - May 2nd.

Thank you to everyone who participated!

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dentistry.musc.edu/students-and-admissions/ces/salinas-program
Additional contact: Andrea Danner - 843-792-7185 or dannera@musc.edu

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James B. Edwards
College of Dental Medicine

An Aspirational New Strategy

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



Dear SCDA member:

Within 20 years, MUSC envisions that South Carolina will be top 20 in the nations for health outcomes and MUSC will be a top 20 academic health system in the nation. As a college, we are aligned with the university's aspirational goals.

We take pride and solemn responsibility as South Carolina's only dental college. Through our mission in education, research, and patient care, we are committed to a healthy future for South Carolina, with healthy smiles for all.

Alongside MUSC's three focus areas, the James B. Edwards College of Dental Medicine will pursue a bold strategy over the coming years:

- **Empower Healthy Communities**

Develop an integrated network of oral health across South Carolina to improve health. For example, we are building a hub and spoke model in Florence, Marion and Lake City to support rural SC.

- **Reshape the Future Workforce**

Foster an environment that creates workplace engagement and value.

Inspire and equip learners and employees to be leaders in oral health and education.

Our commitment is to our employees and students.

- **Drive Innovation & Health Transformation**

Drive investment in innovation, creating new knowledge and scientific discoveries through an expanded research portfolio. Drive transformative changes in health care, research, enrollment, and learning.

Our Innovation Lab is a direct example of this strategy. One of our students shares a look into the lab in this video: facebook.com/muscdentalmedicine/videos/1150913703157571.

Your support of our students and college continues to be deeply appreciated. Your partnership in planning for the needs of South Carolina's oral health workforce and the people we care for is essential.

Leadership updates



Dr. Amy Martin has been appointed in July 2025 Senior Associate Dean of the college. In recent years, she has proactively taken on expanded responsibilities in community health, strategy design and management, and executive administration.



Mr. John Ballentine, Assistant Dean of Finance & Administration, joined us from Prisma Health in July 2025.



We announced Dr. Tariq Javed's intention to initiate succession planning after more than 30 years of dutiful service as the Associate Dean for Academic and Student Affairs. He has generously committed to continuing in his role through the search and transition for his successor.



Nitrous Oxide Monitoring

Gabriel Ross, D.M.D., and Deirdre S. Williams, D.D.S., MS

Department of Advanced Specialty Sciences, Section of Pediatric Dentistry

CE credits: 4 hours

Course learning objectives:

1. Understand basic physiology and anatomy with the use of nitrous oxide analgesia.
2. Review indications and contraindications for its use and safety measures.
3. Demonstrate proficiency in administration and use within a dental setting with simulation exercises.
4. Be prepared to complete the State Board Nitrous Oxide Monitoring Examination.

October 10, 2025

9 a.m. - 1 p.m.

James B. Edwards College of Dental Medicine

Dental Clinic Building DC446

Register at dentistry.musc.edu

For more information: dannera@musc.edu

\$150 Early Registration

Ends Aug 31, 2025

\$200 Late Registration

Ends Oct 3, 2025



**James B. Edwards
College of Dental Medicine**

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The MUSC College of Dental Medicine is an ADA CERP recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The MUSC College of Dental Medicine designates this activity for continuing education credits.

Classified Ads

Dental Related Services

Intraoral X-Ray Sensor Repair/Sales- We repair broken sensors. Save thousands in replacement costs. Specializing in Kodak/Carestream, major brands. We buy/sell sensors. American SensorTech 919-229-0483 or www.repairsensor.com.

Local Tenens

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

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

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.

Indian Land- **RDH wanted** Mon-Wed, flexible hours, work half day and paid for full day. cbmcdonalddds@gmail.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.kosciwicz@mcgillhillgroup.com for more information.

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

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

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.

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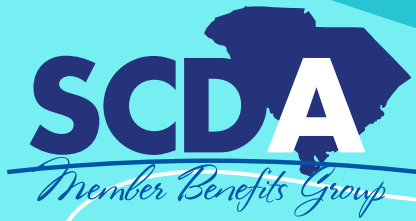
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