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Another Successful DAD Project! By Dr. Betsy Jabbour, SCDA President

Dental mission trips come in all sizes so to speak. You've heard stories of volunteers working in chilly weather, blasting heat, no hot water for showers, large bugs crawling from behind windows, the lack of hot coffee, limited selection of instruments, materials and lighting; as well as the stories of sincere gratitude elicited from those receiving treatment. Would you have thought all the above can happen right here in our own backyard, our beloved state of South Carolina?

If you have participated in the last 4 Dental Access Days projects you would have experienced this and more. The more being the extreme satisfaction of a very long days work completely out of our comfort zone. It is wonderful to travel abroad to do mission work, but if you would like to give back to those in need and not cross time zones, be present in your office with only a weekend commitment then the SCDA DAD project is for you!

By the way, we HAVE rectified the coffee issue, so no worries there! The bugs, well, it is summer in the palmetto state, we can all deal with those. A good night's sleep is well deserved after the long days, and as you can see in the photo, Dr. Gloria Pipkin is ready to put her head down and her feet up!

One of the best things I look forward to every year is the chance to see colleagues I don't get to see during the fast pace of our normal lives, running an office, covering emergencies, running children to school and practices, serving on various charitable boards and attending meeting after meeting in our hometowns. Getting to see you guys in a completely different environment, doing what we love to do, relaxed even under the somewhat less than ideal circumstances is really fun! Some are laughing over a broken down #16 that took 3 surgeons to finally remove, laughing with the patients and each other over any little thing including my husband trying to assist me, just enjoying the moment- it really is priceless.

Another priceless item- oral health education. Some days I feel like a broken record that no one wants to hear, ever have that feeling? How many times have we talked with our patients, families and even friends about good choices concerning oral health? The ADA News September 3rd issue will discuss another option to reach out to our communities about oral health centered around our biggest candy holiday- Halloween!

There have been, and maybe you have integrated this into your offices already, candy buy back programs, giving away stickers or items other than candy or maybe you have other ideas you would like to share. Please send in your ideas so we can share them with colleagues as the sugar spiked holiday's fast approach.

This is especially important as another 'study' done in China is alleging a link between naturally occurring fluoride and a decrease in IQ levels. Never mind that there are many inherent problems with the 'study', the media will catch on to the decrease in the future brain trust part and run with it. Stay informed of what is thrust in front of the public and be ready to discuss it openly and intelligently with your patients. We could be seeing a huge increase in decay rates as the attacks on fluoride continue throughout the country- fueled by increased cost of the fluoride itself to city/county water systems. Again, chasing the dollar always reveals the true issue, or at least part of it.

I'm tired just looking back over this article and knowing how much work went into planning our DAD project, how much time is involved in reading and keeping up with all the mass attacks on dentistry these days (makes me wonder just what someone did to tick off all these 'researchers' toward dentistry, ever wonder? Or is it just me?) and the work involved in planning the next DAD project- by the way - MARK YOUR CALENDARS- AUGUST 22-24, 2013 North Charleston!! Huge KUDOS to Drs. Ayers and Bumgardner and all the SCDA staff!!

I'm ready to sit back and watch some football! Add a cold drink, chips and salsa, oh yeah...That's what I'm talkin about! (I'll brush-scout's honor! Maybe after I wake up from a short nap...)



Dr. Gloria Pipkin at DAD



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Oral Pathology Quiz: Case #2

By Angela C. Chi,¹ Ryan Voelkert²

¹Division of Oral Pathology, College of Dental Medicine, Medical University of South Carolina

²Periodontist, Private Practice, Greenville, SC

A 12-year old Caucasian girl presented with this erythematous, slightly raised, pebbly lesion on the facial gingiva adjacent to #6 and #7 (Figure 1). The lesion measured approximately 0.6 cm in maximum diameter and had been present for several months. The area bled easily but was not painful. No additional abnormalities were found during clinical examination, and the patient was otherwise healthy. An excisional biopsy was performed, and a photomicrograph is shown here (Figure 2).

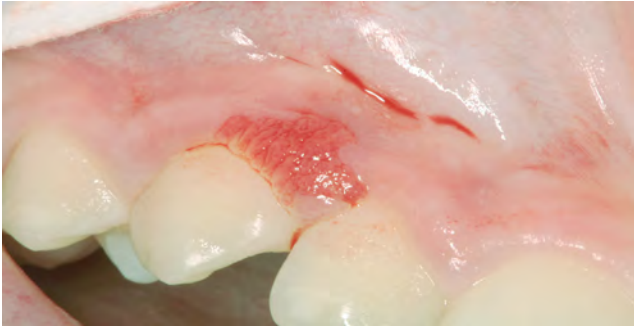


Figure 1. Erythematous gingival lesion with a pebbly surface. The bleeding seen here was induced by probing.

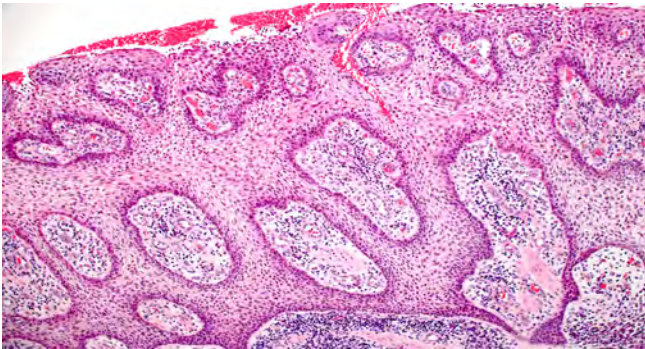


Figure 2A. Histopathologic examination showed the lesion was covered by hyperplastic stratified squamous epithelium with a pebbly or slightly papillary surface architecture. (hematoxylin and eosin, magnification 100x)

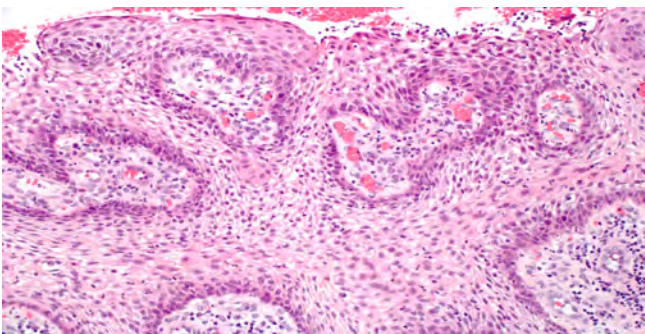


Figure 2B. High-power photomicrograph shows spongiosis (intercellular edema) and neutrophilic exocytosis (neutrophil migration) within the surface epithelium. The lamina propria is comprised of fibrous connective tissue with acute and chronic inflammation and increased vascularity. (hematoxylin and eosin, magnification 200x)

What is the best diagnosis?

- A. Peripheral giant cell granuloma
- B. Pyogenic granuloma
- C. Papilloma
- D. Wegener's granulomatosis
- E. Localized juvenile spongiotic gingival hyperplasia

Answer on page 10

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Avoiding Pitfalls of Interviewing Applicants

By Kris Cato, Esq., Rogers Townsend & Thomas, PC

Most of us are not good interviewers. We spend more time telling candidates about the job for which they are applying rather than learning about the candidate and determining if they are a good fit for the job. One of the reasons for that is that many laws prohibit us from asking questions....but not all questions. So, it is important to understand what we can and should ask, but also what we cannot and should not ask about.



Kris Cato

Here are a few simple rules:

1. Focus on the qualities and skills needed for the job and ask questions geared to that, such as....
 - What experience do you have doing _____. Tell me about that.
 - What are your strengths in that area?
 - What issues and challenges did you face?
 - How did you handle them?
2. Avoid questions about an applicant's family life, and whether they plan to have more children. This seemingly common pleasant chit-chat can lead to unlawful questions.
 - Although you may ask about their ability to travel and work overtime.
3. If you run background checks on applicants, let them know and ask them what you can expect to learn from theirs?
4. Avoid questions about church, religion, their heritage.
 - Although you may ask what days of the week they are available to work.
5. Avoid questions about any medical condition.
 - Although you may ask whether they are physically capable of performing the job once you describe it to them, and whether they would require any accommodations.
6. Plan for the interview by identifying what you are really looking for in a candidate and prepare questions that relate only to the job and the business in which you work.

While it is difficult to avoid questions which seem perfectly normal and polite, employers should focus on asking only job-related questions or they may face unfortunate lawsuits for failure to hire an applicant.

Master Calendar

September 7	Pee Dee Fall Meeting	Horry Georgetown Tech	8:30 AM
September 14	Legal Seminar	Adventure Children's Museum	8:00 AM
September 20-23	SCAGD Annual Meeting	Marriott Grande Dunes	
September 21	Central District Fall Meeting	Columbia Conference Center	8:00 AM
September 28	Special Health Care Needs CE	North Charleston Convention Center	8:00 AM

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New SC Law Imposes Full 20-Week Disqualification Period For Employees Fired For “Misconduct”

By Kris Cato, Esq., Rogers Townsend & Thomas, PC



Employers frustrated by the current unemployment framework may have been given some relief with a modification of the unemployment statutes, which now impose a full 20-week disqualification from benefits for employees fired for “misconduct.”

The previous language dealt with employees fired for “cause.” Employers became increasingly frustrated that employees terminated for poor performance or behavior still were awarded unemployment benefits.

This statutory modification now imposes a full 20-week disqualification from benefits for employees fired for “misconduct.” According to the statute, “misconduct” is limited to conduct evincing such willful and wanton disregard of an employer’s interests as is found in deliberate violations or disregard of standards of behavior which the employer has the right to expect of his employee, or in the carelessness or negligence of such degree or recurrence as to manifest equal culpability, wrongful intent, or evil design, or to show an intentional and substantial disregard of the employer’s interest or of the employee’s duties and obligations to his employer.”

The bill specifically states, however, that misconduct will NOT be found for “discharge resulting from an extreme hardship, emergency, sickness, or other extraordinary circumstance.”

The remainder of the bill is similar to the pre-existing law, which basically partially disqualifies individuals when discharged for “cause” not rising to the level of misconduct. And employees fired for inefficiency, inability or incapacity will not be considered eligible for unemployment.

This new law reinforces every employer’s need for written policies and rules of conduct, written warnings and a system in place for communicating its expectations to employees. Agencies rely heavily in their decision-making process on written policies and documentation regarding employees’ performance, actions and behavior when determining whether they should be eligible or disqualified from receiving unemployment benefits.



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5 Common Pitfalls of a Successful Facebook Launch

Donna Newman, Guest Contributor

Facebook marketing, when done right, can **increase your leads, attract highly targeted prospects and position you as a sought-after dental leader**. After all, with 61 percent of Americans turning to the web for online medical advice and information, the penetration of the Internet, mobile devices, and social media are changing the way Americans search and consume.*

Yet, to reap these practice-building benefits, our team has identified 5 gut-check action strategies to set-up a vibrant community of raving Facebook fans who'll happily spread the word about your dental practice. See if you've overlooked any of these 5 core launch strategies and then apply them for results.

#1 Link Your Profile to your Business Page

Facebook is a great "soft" sell. You can be personal without being presumptuous. If your business page shows a dentist who's enthusiastic, engaged and well-informed about the cutting edge technologies, and who shares that insight in a mentoring fashion, prospects and clients will recognize your quality as a leading dental team. To that end, don't overlook linking your profile to your business page.

First, let me clarify that you know you're on your Profile when you see a list of Friends. On the other hand, you know you're on your Business Page when you see the LIKE button. So, let's get started. To link to your Facebook Page from your Profile, do the following as shown in the below example:



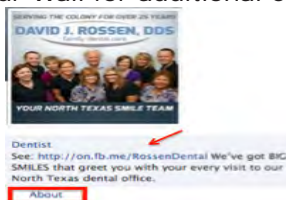
- Click on the "About" link. Find it under your timeline image, left side, and beneath your personal information such as where you live and your relationship status.
- Type in the exact name of your Facebook Page. It should appear in a drop down menu.
- Many people overlook this strategic link, causing a prospect to click and land on a default topic page, best known as the "suitcase page."

This linkage allows people to click from your Profile to your Page with ease. Slowly, by drawing the connection, you will build a trustworthy reputation that can earn you more repeat patients and referrals.

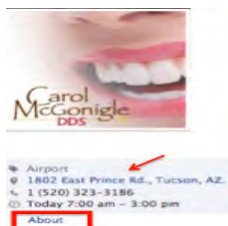
#2 Add a Strong Call-to-Action

Ask yourself: can prospects easily find out how to access my services or buy my products? Over the years, we've found most clients with an existing Facebook business page don't have a strong call-to-action. By adding keywords, a call-to-action, and high priority links in your business page's About bio section, you can turn your leads into opportunities. Here's an effective approach:

- Overall, be as complete as possible when filling out your "info" tab, which has fields containing important descriptive metadata about your Page. These fields provide the opportunity to include keywords, text, and links that will increase the content score of your Facebook Page for popular search. For example: Address, City, State, and Zip code are important fields for local searches; Company Overview, Mission, and Products are important fields for product searches.
- Add a call-to-action that promotes discounts, promotions, or contests. Couple that with a LIVE link to your custom Facebook welcome page or your website. Just a heads up that the specific fields present will vary according to the category you choose for your Page when it was created (e.g., local business, brand, public figure). Depending upon the type of category you did chose for your Page, this call-to-action link might also be pulled to your Wall for additional exposure. See here:



Or, if the category chosen is a Local Business, you trade the additional wall exposure of the call-to-action for localized details:



Continued from page 10

- Whether the call-to-action appears only in the About section or also on the Wall, a flash promotion via a link can help you gain a loyal client at a minimal expense, compared to traditional marketing. Here's the basic structure to write: "Get % off. Come to <http://www.yourlink> (i.e., your website or Facebook Welcome Page), enter this code, get a discount."

Helpful Resource: Check out my June Bulletin article on how promotions can overcome a patient's initial cost objection and help generate word-of-mouth advertising.

Think of Facebook as an extension of your waiting room. When you treat your patients and prospects on Facebook as well as you do your offline patients, then fans can perceive you as trustworthy. In turn, they are more likely to be interested in your services and eager to take advantage of your calls-to-action.

#3 Follow-up with conversations

To reap the benefits of Facebook Marketing and to really achieve the desired impact on your practice, you must devote time to following up with conversations by your Fans.** But, with the new timeline applied to Facebook Pages, it is easy to overlook those conversations unless you apply a strategy. Namely, view your page as "Posts by Others" rather than the default "Highlights". Let me show you. On your Page, right beneath your Timeline cover banner, there are four APP boxes, and right beneath that in the center, you'll see a little dropdown like this:



- Change this drop down from the default "Highlights" (i.e., highlights of your own Page's posts) to "Post by Others" (i.e., everybody who has @tagged your page or written on your wall via a comment, like or SHARE).
- Now, you can easily reply to everyone who has engaged with you.

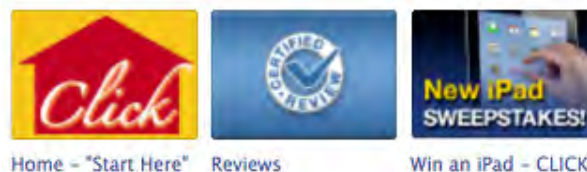
By connecting and responding with these Fans, you can build their trust for your dental office, thereby turning them from fans into paying customers and raving advocates of your brand.

#4 Think Strategy for Timeline Cover & Welcome App

While Facebook can help advance your marketing agenda (i.e., leads, promotions, brand awareness, new patients), start with a strategy behind your Page's timeline cover and a welcome page to generate more consistent, robust results. Have a few variations of a well-designed cover banner to make your dental office stand out from competitors. Start with a simple one and then change it out on occasion to showcase events, services, or flash promotions. According to Facebook guidelines, make sure you don't have a URL or call to action in your Page's Timeline cover, but add images and text to tell people what's going on. See below for a timeline cover that's used between promotions:



Then, under your Timeline cover, get aggressive with custom welcome pages to drive traffic and reinforce your brand's promotion with a direct call-to-action (i.e., a 'like' or opt-in exchanged for a coupon, contest, quick appt. scheduler, reviews). FYI: Every welcome page is its own URL. Have an action behind every custom APP so they help generate targeted leads.



Helpful Resource: Check out my July Bulletin article on how adding a custom cover banner and welcome page helps you convert.

With a strategy behind your cover banner and welcome pages, you provide a clear incentive to get more clicks, LIKES, and conversions.

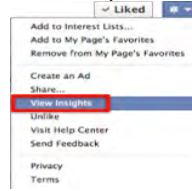
Continued on page 12

Continued from page 11

#5 Review Insights

Facebook marketing is not a 'set it and forget it' tool. It takes tenacity, time, and technique to identify the best way to engage, educate, and entertain your target market and develop business-driving relationships.

To gauge your social media traction, you can visit your Insights dashboard to see all of the traffic analytics associated with your Business Fan Page. Access it either from the Admin Panel, or see on your Page's Wall just under the cover banner, far right. Click the drop-down arrow to the right of the pinwheel like below:



Insights is FREE and available to Page administrators. For a quick reference to what's working and what's not, check out the overview tab for the last 28 days of posts. Here, you can see the exact number of likes, comments, and shares per post. Then, duplicate more of the engaging posts and less of the flat ones.

Helpful Resource: Check out my August Bulletin article for 5 engaging wall post themes to keep your dental team top-of-mind for easier recall with current patients and value-building with prospects.

I've seen it over and over again with my clients: Pages with daily relevant activity and fan engagement are the ones really thriving. However, activity on Facebook, like other marketing efforts, does not necessarily translate into productivity. The more relevant engagement, the better a dental practice positions itself with its Fans, prospects, and patients.

We have helped thousands of small business owners launch a successful Facebook presence. In those years of experience, we have identified these 5 common "pitfalls" that are sure to hinder a practice's successful setup. The good news is they can be easily avoided so your practice can begin to use Facebook to dominate the local web searches and referral sites, if you will.



Now it's your turn! What's your biggest pet peeve with Facebook marketing? Share your thoughts and comments on our Facebook page: <http://www.Facebook.com/SummaSocial>.

Footnotes:

*Pew Research Center's Internet and American Life Project

**Verasoni Study 2011

Donna Newman co-founded SummaSocial.com. She is a recognized thought leader in her field, a vibrant speaker, and consultant known for her practical social media marketing solutions! Her clients include Corporations, Associations, Foundations, and Small Business Owners. Email her at Donna@SummaSocial.com.

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ANSWER: E. Localized juvenile spongiotic gingival hyperplasia

DISCUSSION:

Localized juvenile spongiotic gingival hyperplasia (LJSGH) represents a recently described and clinicopathologically distinct form of inflammatory gingival hyperplasia. The condition initially was reported in 2007 by Darling et al., who used the term “juvenile spongiotic gingivitis” to describe 24 cases of bright red, localized, and persistent gingival inflammatory lesions, with a marked predilection for adolescents. The term LJSGH subsequently was proposed by Chang et al, who reported 52 additional cases.

Among cases reported in the literature, there is a female predilection, with a female-to-male ratio of approximately 1.4:1. The condition typically affects young individuals, with more than 90% of cases arising in the first and second decades and a reported age range of 5 to 39 years. The lesions are usually painless but bleed easily. Clinical examination typically shows a bright red lesion on the facial attached gingiva, with possible extension to the marginal gingiva. The anterior maxillary gingiva is the most commonly affected site. Most lesions are relatively small and localized, although a multifocal distribution or progressive linear spread also are possible. The lesions tend to be elevated with a papillary, granular, pebbly, or velvety surface. Several affected individuals have had orthodontic brackets, although this finding may be incidental.

Characteristic histopathologic features include a slightly papillary surface architecture, epithelial hyperplasia, loss of keratinization, prominent spongiosis (intercellular edema), and neutrophilic exocytosis (neutrophils migrating into the epithelium). Within the underlying connective tissue, acute and chronic inflammatory cells and increased vascularity usually are seen.

LJSGH typically does not respond well to traditional periodontal treatment or oral hygiene maintenance. The most common treatment is surgical excision. However, post-surgical gingival defects may be an aesthetic concern, particularly for those lesions involving the anterior maxillary gingiva. MacNeill et al. reported a single case that responded well to conservative therapy, consisting of mild surface cauterization followed by topical application of clobetasol four times daily for four weeks. Recurrence has been reported in 6-17% of cases.

Darling et al. noted that both puberty-associated gingivitis and LJSGH occur primarily in adolescents. However, unlike puberty-associated gingivitis, LJSGH does not appear to have a plaque-related pathogenesis, does not respond well to oral hygiene measures, and does not express estrogen and progesterone receptors. In addition, puberty-associated gingivitis primarily affects the marginal gingiva with possible extension to the attached gingiva, whereas LJSGH primarily affects the attached gingiva with possible extension to the marginal gingiva.

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Send us your story ideas!

Do you have an idea for a story? We'd love to hear it. We're always looking for topics of interest to our members.

If you have a suggestion, email Maie Brunson at brunsonm@scda.org or call 800-327-2598. Please be specific We'll let you know if and when your idea will come to fruition. Thanks for your help!



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Coastal District Dental Society Fall Meeting

Date: October 26, 2012
Time: Breakfast 7:00-8:00am
Business meeting 8:00-9:00am
Course 9:00am-12:00pm

Location: **The College Center at Trident Technical College**
Building 920, Salons F & G, 7000 Rivers Ave, Charleston, SC 29406

Title: **“Understanding Legal Tools: The Key to Lawsuit Prevention and Tax Reduction”**

Course Description: Through this course attendees will truly understand exactly how, why, and where legal entities should be used for both lawsuit prevention and income tax reduction. The course is given in plain English and when done most attendees understand the proper use of legal tools for the first time in their lives.

Speaker

Daniel J. McNeff, CEO Legally Mine, Inc.
+ Procore CPA
CDE Hours: 3 Lecture Hours PACE Approved
AGD Subject Code

Tuition

CDDS Member	No charge
Auxiliary/Staff	\$25
SCDA Member (non-CDDS)	\$40
Non-SCDA Member	\$70

Make checks payable to Coastal District Dental Society.
No Refunds/ Cancellations after October 19th.

Dr. Name and Staff _____

_____ **Total Number attending Lecture**

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State-of-the-Art Dental Facility Benefits Students and Community

Myrtle Beach- Horry-Georgetown Technical College (HGTC) has opened the doors of the expansion to the Speir Allied Health Education Center, a state-of-the-art teaching facility where dental sciences students will study patient issues and receive immediate hands-on instruction.

The 20,000 square foot, \$7.4 million facility allows all of the Allied Health programs to reside on one campus in Myrtle Beach, whereas students previously had to commute between the existing Myrtle Beach campus and facilities in Conway, South Carolina. The facility is expected to serve as a resource, not just for dental hygiene students at HGTC, but also as a tool to improve community health and providing continuing education. SGA Architecture provided architecture, interior design and landscape architecture services.

Designed to maximize student-instructor interaction, the first floor contains hands-on spaces including: a materials lab, where students perfect the practice of creating dentures and other dental pieces; a simulator lab, the first in the nation to arrange simulators in pairs to facilitate instructor oversight; and a community clinic with 21 dental operatories in a "studio" layout that provides both patient privacy as well as student-instructor interaction. The clinic also integrates technology such as digital x-ray and the latest dental tools and will be used for continuing education as local dentists adopt technological upgrades to their own practices.

The second floor houses faculty and staff offices as well as state-of-the-art, flexible classrooms that are technologically integrated with the hands-on spaces below. Students in the materials or simulation labs can participate in lectures taking place in the floor above and vice-versa.

Extensive use of natural daylighting and architectural glazing bathes all the spaces in natural light. Glass partitions between the interior spaces facilitate both the effect of "borrowed light" as well as learning on display. Moving through the building, occupants can observe activities in all classrooms and laboratories. Patients in the clinic can enjoy the natural surroundings and light while feeling secure and concealed. Classroom lighting is designed to interact with natural lighting; artificial lighting augments the natural lighting through specially-designed lighting schemes.

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Executive Director's Notes



Mr. Phil Latham

School is back in session, football is kicking off and the weather is beginning to turn cooler and that means your association will be busy this fall as we complete 2012. At the most recent SCDA Board meeting:

- A report was provided on the final numbers for the 2012 Convention. Although in the past, attendance numbers had been decreasing, those numbers held steady this past year and the SCDA enjoyed a successful Convention. Be on the lookout for news regarding the 2013 Convention.
- A report was given on Medicaid and a recap on the 2012 Legislative year. The SCDA did see a couple positives as we did keep the monies to continue the Rural Dental Incentive Program and we received monies to start the Donate Dental Lifeline Program in South Carolina. The SCDA will soon be meeting to plan for the 2013 session.

- A report was provided on Give Kids a Smile and more information on that will be provided in the future.
- Dr. Edmonds discussed plans for the upcoming SCDA Planning Retreat in November and the House of Delegates was briefly discussed which will take place, Friday, November 30, 2012.
- Numerous other items and reports were also offered at the Board meeting.

"The DAD Project takes a lot of time and effort and sometimes, I sit back and wonder is the effort worth it?"

On another note, the 2012 DAD Project was very successful. Final numbers reflect that approximately 1,600 patients were treated, many of those received treatment on both Friday and Saturday. For the second year in a row we provided partial services and that continues to be a success. Many thanks to all who helped plan and make DAD 2012 a wonderful event.

For those of you, who did not participate in the 2012 project, please look forward to the 2013 event. The plan is to return to Charleston where it all started in 2009. Information will be coming out soon.

The DAD project takes a lot of time and effort and sometimes, I sit back and wonder is the effort worth it? See the email I received from a patient late Saturday night after the event was over from a patient who was treated at the recent DAD project. Yes, it is worth all the hard work and effort!

Mr. Latham,

"I would like to take a minute to say Thank You so much for the services provided for me and others at the State Fairgrounds yesterday. I had three fillings placed for me. The dentist and his assistant were just awesome. Everyone was so courteous and kind. Thanks to everyone who had a part in this. I really appreciate their help in getting me back on track to good dental health. Just can't Thank you all enough."

Sincerely,

Ernie

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Contact the SCDA Staff
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Seats for Legal Review are Still Available...

By Mark Brown



The SCDA and the SCDA Member Benefits Group will host a breakfast seminar on Friday, September 14, 2012, discussing employment and human resources, HIPAA and best small business practices. The seminar will be led by three attorneys with the Rogers Townsend law firm who represent both the SCDA and the SCDA Members Benefits Group. They have years of experience handling the employment, business and privacy issues for healthcare practices and will be on hand to answer questions about your most relevant issues. The seminar will be held in the Canal Room at Edventure Children's Museum. Registration and breakfast begins at 8:00 a.m. and the seminar lasts from 8:30 a.m. until Noon.

This event is open to dentists only and there is a charge of \$75 for SCDA members and \$150 for non-member dentists. Spouses are welcome to attend at no additional charge. Seating is limited, so please register soon if you have interest in attending.

You can click [here](#) to learn more about this seminar and to download a registration form. Be sure to provide an accurate e-mail address on the registration form so that we can send you written confirmation for your records.

Contact the SCDA office at 1-800-327-2598 with any additional questions or e-mail Sue Copeland at copelands@scda.org



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If you have not already joined the SCDA Facebook page you are missing out! We have recently moved all of our pictures from Shutterfly to our Facebook page. We have posted pictures from our conventions and DAD projects. You can save the pictures, tag yourself and share them with other friends on Facebook. Join our group today! www.facebook.com/scdental.



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Outpatient Orthognathic Surgery: A Team Approach- October 5, 2012, 7:30 am- 2:30 pm. Mt. Pleasant Holiday Inn, 205 Johnnie Dodds Blvd. 29464. Five CE credit hours, tuition: \$195 for more information contact 843-554-5003 or oralsurgerysc@gmail.com

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General Dentist needed in a growing and highly productive area in North Charleston off Ashley Phosphate Rd. Please call Marsha at 843-767-3300.

Dentist Needed. Looking for associate dentist, **general or pediatric**, to help with two offices. Location **Columbia and Florence**. Full or part time position available. Must love working with kids. State of the art facilities with all new equipment and digital xrays and charts. Please send resumes to fax 866-415-7943

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Dentist needed **2-2 1/2 days weekly** in **Columbia, SC**. Duties to include endo and

anterior. Please contact Karen 803-738-2424 and/or email resume to cdcsmiles@live.com.

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Dentist with experience wanted for part-time position with a group practice near Columbia, SC, eventually full-time; possible buy-in for the right person; minimal endo or surgery, primarily restorative and crown and bridge; email information to southerndentalsc@gmail.com.

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- Contact: SCDA Bulletin, ATTN: Maie Brunson, 120 Stonemark Lane, Columbia, SC 29210; call 800-327-2598; fax 803-750-1644; email brunsonm@scda.org.

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